



INTERNET (09-15)

Filing Period	Account No.	FEIN/SSN/TIN	Business License No.
Due Date	Location Address	Make your check payable to Tennessee Department of Revenue and mail to: Tennessee Department of Revenue Andrew Jackson State Office Building 500 Deaderick Street	
Classification 1A			

Name: _____

Address: _____
(Address to which returns should be mailed)

City: _____ State: _____ Zip: _____

Should you need assistance, please contact the Taxpayer Services Division by calling our statewide numbers: 1-800-342-1003 or (615) 253-0600.

Character of Seller (Select one only): ☐ Wholesaler ☐ Retailer	Business tax jurisdiction for which return is being filed: (Name of city) Note: A taxpayer located within a city may be required to file two business tax returns. Please see the instructions for more information.
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ROUND TO NEAREST DOLLAR

[illegible]

I declare this is a true, complete, and accurate return to the best of my knowledge.		
SIGN HERE ➤	President or other Principal Officer, Partner or Proprietor	Date
SIGN HERE ➤	Tax Return Preparer and Title	Date

[illegible]

CLASSIFICATION	RETAILER RATES	WHOLESALE RATES	TAX PERIOD	DUE DATE
Class 1A	0.001	0.00025	Fiscal Year	Not later than the 15th day of the 4th month following the end of the tax period.
Class 1B & 1C	0.001	0.000375		
Class 1D	0.0005	Not applicable		
Class 1E	Not applicable	0.0003125		
Class 2	0.0015	0.000375		
Class 3	0.001875	0.000375		
Class 4	0.001	Not applicable		
Class 5	0.003	Not applicable		