Nashville, Tennessee 37242



# TENNESSEE DEPARTMENT OF REVENUE Consolidated Net Worth

# **Consolidated Net Worth Election Registration Application**

This application must be completed by affiliated groups and financial institution affiliated groups electing to compute the net worth base for franchise tax purposes on a consolidated basis. Combined returns can only be filed by financial institutions that are members of a unitary group as defined in Tenn. Code Ann. § 67-4-2004.

Check all boxes that apply:					
<ul><li>□ New election</li><li>□ Amended election to add or remove;</li><li>□ Revoke election</li><li>□ Check if application is for a financial in</li></ul>		group			
Tax Period Covered: Start	End				
FEIN		Account Number			
Effective Date of Registration with the Se	ecretary of State _	SOS	SOS Control Number		
Legal Name					
Physical Location (no P.O. Box)Street		City	State	ZIP Code	
Entity Mailing AddressStreet		City	State	ZIP Code	
Business Telephone Number					
List all affiliated group members or f franchise and excise tax. Check if amended: \( \square\) New member			-		
☐ Check if entity is a single member LLC	C filing as a division	of the parent			
Legal Name					
Physical Location (no P.O. Box)Street		City	State	ZIP Code	
Mailing Address (no P.O. Box) Street		City	State	ZIP Code	
Business Telephone Number		Email			
FEIN Account Describe the individual business entity's					
	•	•			
The statements made on this application a belief. This application must be signed by officer of the corporation.	tion are true to the best of my knowledge and ed by the individual owner, a partner, or or an Tennessee Department of Revenue Andrew Jackson State Office Built 500 Deaderick Street			ent of Revenue e Office Building	

Signature of owner, partner, officer (do not use stamp)

Logal Name	ember Eze ming as a an	vision of the parent		
regarname				
Physical Location (no P.O. Box)	Street	City	State	ZIP Code
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	Street	City	State	ZIP Code
Business Telephone Number .		Email		
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Mailing Address (no P.O. Box)		•		
Business Telephone Number	Street	City Email	State	ZIP Code
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Physical Location (no P.O. Box)	Street	City	State	ZIP Code
Mailing Address (no P.O. Box)				
Business Telephone Number		City Email	State	ZIP Code
FEIN				
Describe the business activity,			S CONGOTTALITIDE	

## Instructions: Consolidated Net Worth Election Registration Application

Affiliated groups and financial institution affiliated groups who elect to compute their net worth base for franchise tax purposes on a consolidated basis must complete this application. Combined returns can only be filed by financial institutions that are members of a unitary group as defined in Tenn. Code Ann. § 67-4-2004.

The application must be signed on the bottom of the first page by the owner, partner or officer and dated. Do not use a signature stamp. Mail the completed application to the Tennessee Department of Revenue at the address listed on the application.

#### **General Information**

- Indicate whether this is a new election, amended election, or revocation of an election. Also check if the application is for a financial institution affiliated group.
- Provide the start and end dates of the tax period covered by the application.
- Provide the group's Federal Employer Identification Number, franchise and excise account number, and Secretary of State number. Also, include the effective date of the group's registration with the Secretary of State.
- Provide the group's legal name, location address, mailing address, business telephone number, and email address.
- Describe the group's predominant business activity. Include the major products and/or services that it sells.

## **Group Members Subject to Franchise and Excise Tax**

- If group members change throughout the year by acquisition or departure, an amended election should be filed.
- Check the appropriate box to indicate if the member is a new member or revoked member, and indicate the effective date.
- If the entity is a single member LLC filing as a division of the parent, please indicate by checking the appropriate box.
- Provide the group member's legal name, location address, mailing address, business telephone number, email address, Federal Employer Identification Number, franchise and excise account number, and Secretary of State number.
- Describe the individual business entity's predominant business activity. Include the major products and/or services that it sells.

## **Group Members Not Subject to Franchise and Excise Tax**

- If group members change throughout the year by acquisition or departure, an amended election should be filed.
- Check the appropriate box to indicate if the member is a new member or revoked member, and indicate the effective date.
- If the entity is a single member LLC filing as a division of the parent, please indicate by checking the appropriate box.
- Provide the group member's legal name, location address, mailing address, business telephone number, email address, Federal Employer Identification Number, franchise and excise account number, and Secretary of State number.
- Describe the individual business entity's predominant business activity. Include the major products and/or services that it sells.