TENNESSEE DEPARTMENT OF REVENUE
MUNICIPAL BUSINESS TAX RETURN

RV-R0012901   INTERNET (09-15)

BUS 416

Filing Period	Account No.	FEIN/SSN/TIN	Business License No.

Due Date	Location Address	

Classification
1B

Make your check payable to Tennessee Department of Revenue and mail to:
Tennessee Department of Revenue
Andrew Jackson State Office Building
500 Deaderick Street
Nashville, Tennessee 37242

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

Name: _____

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

City: _____ State: _____ Zip: _____

If this is an AMENDED RETURN, please check the box at right ☐

If this is a return for a **CLOSED** business, please check the box at right. ☐

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.

ROUND TO NEAREST DOLLAR

1. Total gross sales (Excluding sales tax)... (1) _____ .00

2. Enter deductions from Schedule A, Line 18................................. (2) _____ .00

3. Taxable gross sales (Subtract Line 2 from Line 1)........................ (3) _____ .00

4. Business tax (Retailers multiply Line 3 by _____; Wholesalers multiply Line 3 by _____.)
   (If rate is not preprinted, refer to chart on reverse)............................. (4) _____ .00

5. Deduct amount of personal property taxes (cannot exceed 50% of Line 4)............... (5) _____ .00

6. Total tax due (Subtract Line 5 from Line 4. Enter result or $22, whichever is greater)........ (6) _____ .00

7. Enter credit memo balance.. (7) _____ .00

8. Penalty (See instructions).. (8) _____ .00

9. Interest (____ % per annum on taxes unpaid by the due date; see instructions)......... (9) _____ .00

10. Total amount due (Add Lines 6, 8, and 9; subtract Line 7)
    (Make checks payable to the Tennessee Department of Revenue)................... (10) _____ .00

FOR OFFICE USE ONLY

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

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Schedule A. Deductions from Gross Sales

1. Sales of services received by persons located in other states.. (1) _____ .00

2. Returned merchandise when the sales price is refunded to the customer.. (2) _____ .00

3. Sales in interstate commerce where the purchaser takes possession outside Tennessee for use or consumption outside Tennessee... (3) _____ .00

4. Cash discounts allowed and taken on sales.. (4) _____ .00

5. Repossessions - The portion of the unpaid principal balance in excess of $500 due on tangible personal property repossessed from customers... (5) _____ .00

6. The amount allowed as trade-in value for any articles sold.. (6) _____ .00

7. Bad debts written off during the reporting period and eligible to be deducted for federal income tax purposes... (7) _____ .00

8. Amounts paid by a contractor to a subcontractor holding either a business license or contractor's license for performing activities described in Tenn. Code Ann. Section 67-4-708(4)(A). Must complete Schedule B and file with the return... (8) _____ .00

Federal and Tennessee privilege and excise taxes:
(**Note:** All deductions must have adequate records maintained to substantiate deductions claimed or they will be disallowed.)

9. Federal and Tennessee gasoline tax.. (9) _____ .00

10. Federal and Tennessee motor fuel tax... (10) _____ .00

11. Federal and Tennessee tobacco tax on cigarettes.. (11) _____ .00

12. Federal and Tennessee tobacco tax on all other tobacco products... (12) _____ .00

13. Federal and Tennessee beer tax.. (13) _____ .00

14. Tennessee special tax on petroleum products.. (14) _____ .00

15. Tennessee liquified gas tax for certain motor vehicles... (15) _____ .00

16. Tennessee beer wholesale tax.. (16) _____ .00

17. Other deductions not taken elsewhere on the return.. (17) _____ .00

(Specify) _____

18. Total Deductions. Add Lines 1 through 17. Enter here and in Page 1, Line 2.........................(18) _____ .00

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