



TENNESSEE DEPARTMENT OF REVENUE

Franchise and Excise Tax Federal Income Revision

Taxpayer Name	FEIN	Submit form to: Tennessee Department of Revenue F&E Unit P.O. Box 190644 Nashville, TN 37219-0644
Account Number	Taxable Period Ending	

Part 1 - Computation of Net Earnings Subject to Excise Tax

	As Last Reported	Net Change Increase (Decrease)	As Amended
1. Federal income or loss from Schedule J, Line 1			
Additions:			
2. Tennessee excise tax expense (to the extent reported for federal purposes)			
3. Contribution carryover from prior period(s)			
4. Capital gains offset by capital loss carryover or carryback			
5. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation			
6. Other (specify or attach documentation)			
7. Total additions (add Lines 2 through 6)			
Deductions:			
8. Dividends received from corporations, at least 80% owned			
9. Current year contributions in excess of amount allowed by the federal government			
10. Portion of current year's capital loss not included in federal taxable income			
11. Any income included for federal tax purposes and any depreciation or other expense that could have been deducted for safe harbor lease elections			
12. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation			
13. Other (specify or attach documentation)			
14. Total deductions (add Lines 8 through 13)			
Computation of Taxable Income:			
15. Total business income (loss) (add Lines 1 and 7, subtract Line 14; if loss, complete Part 2)			
16. Apportionment ratio (Schedule N, O, P, R, S, or SE, if applicable, or 100%)	%	%	%
17. Apportionment business income (loss) (multiply Line 15 by Line 16)			
18. Non-business earnings directly allocated to Tennessee (from Schedule M, Line 9)			
19. Loss carryover from prior years			
20. Income subject to excise tax (add Lines 17 and 18, subtract Line 19)			
21. Excise tax due (multiply Line 20 by 6%, or 6.5% for returns ending on or after July 15, 2002)			
22. Excise tax paid			
23. Tax credits			
24. Additional excise tax due (overpaid) per federal income revisions (subtract Lines 22 and 23 from Line 21)			

<p>Power of Attorney - Check YES if this taxpayer's signature certifies that this tax preparer has the authority to execute this form on behalf of the taxpayer and is authorized to receive and inspect confidential tax information and to perform any and all acts relating to respective tax matters. <input type="checkbox"/> YES</p>	<p>Under penalties of perjury, I declare that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.</p> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;">Date</td> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;">Title</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Taxpayer's Signature</td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Tax Preparer's Signature</td> <td style="border-bottom: 1px solid black; text-align: center;">Preparer's PTIN</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Preparer's Address</td> <td style="border-bottom: 1px solid black; text-align: center;">City</td> <td style="border-bottom: 1px solid black; text-align: center;">State</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Preparer's Email Address</td> <td style="border-bottom: 1px solid black; text-align: center;">ZIP Code</td> <td></td> </tr> </table>		Date	Title	Taxpayer's Signature			Tax Preparer's Signature	Preparer's PTIN	Date	Preparer's Address	City	State	Preparer's Email Address	ZIP Code	
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Taxpayer Name	FEIN	AccountNumber
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Part 2 - Determination of Loss Carryover Available

1. Federal income or loss from Part 1, Line 15

Additions:

2. Dividends and non-business earnings deducted on Schedule J

3. Amounts recorded for self-employment tax and qualified pension deductions

4. Reduced loss (add Lines 1 through 3; if net amount is positive enter zero)

5. Excise tax ratio (Schedule N, O, P, R, S or SE, if applicable, or 100%)

6. Current year loss carryover available (multiply Line 4 by Line 5)

As Last Reported	Net Change Increase (Decrease)	As Amended
%	%	%