

This application along with proper remittance must be received by this office on or before the dates applicable to the classification in which the business is classified or within 20 days after commencement of business for a new business, or penalty and interest provided by Section 67-4-720, Tennessee Code Annotated will apply.

BUSINESS TAX ACT LICENSE AND TAX REPORT

FOR USE BY
COUNTY and/or CITY ONLY

AS REQUIRED BY SECTION 67-4-715,
TENNESSEE CODE ANNOTATED

Tax Period 04/01/ to 03/31/

Date Received

Business Tax Receipt Number(s)

Classification Number

Indicate Retail, Wholesale or Both

Amount Received Minimum Tax

Business Tax

(Excluding penalty, interest, credits and less)

Penalty and Interest

BUSINESS CLOSING

A FINAL REPORT MUST BE FILED WITHIN 15 DAYS OF YOUR LAST DAY OF BUSINESS IN ORDER TO AVOID PENALTY & INTEREST

MAIL RETURNS AND REMITTANCES TO:

CITY OF GOODLETTSVILLE
ATTN: BUSINESS LICENSE
105 SOUTH MAIN STREET
GOODLETTSVILLE, TN 37072

PHONE: 615-851-2205

THIS RETURN WILL NOT BE ACCEPTED
UNLESS SIGNED ON REVERSE SIDE

A. Firm Name _____ Owner _____
Address _____ Account No. _____
City, State, Zip _____ Federal Employer ID _____
Location _____ Business Class _____ CLASS 2
PHONE: _____
NOTE: PENALTY AND INTEREST WILL ACCRUE 60 DAYS AFTER 03/31/

B. Type Business-Dominant Activity (primary product, vocation or occupation)
If this is a final report, state date business ceased to operate. _____

1. Total Gross Sales for Tax Period (Less Sales Tax)	\$ _____	
2. Less: Deduction for Business Tax Purposes from Line 12, Schedule A.	\$ _____	
3. Taxable Gross Sales for Tax Period (Line 1 Less Line 2)	\$ _____	
a. Retail Sales _____ % of Taxable Gross Sales	\$ _____	
b. Wholesale Sales _____ % of Taxable Gross Sales	\$ _____	
4. Retail Rate of Tax .00150000 (if applicable)	\$ _____	
(Line 3a Multiplied by Rate)	\$ _____	
5. Wholesale Rate of Tax .00037500 (if applicable, must be 20% or more of Total Gross) (Line 3b Multiplied by Rate)	\$ _____	
6. a. Preliminary Gross Business Tax Due (line 4 plus 5)	\$ _____	
b. LESS: Minimum License Fee Previously Paid (Former License # _____) Limited to the amount on Line 6a	\$ 15.00	
c. Business Tax Base Prior to Local/State Calculations-Line 6a less Line 6b (don't enter less 0) \$		
		LOCAL STATE
7. a. Local 66.67% of Line 6c	\$ _____	
b. State Line 6c less 7a		\$ _____
Allowable Credits:		
8. Less: Personal Property Tax (Limited to Local Tax Amount - Line 7a)	\$ _____	
Personal Property Tax Date Pd. _____ Rec'pt.# _____		
9. a. Tax-Local-Line 7a less Line 8 (do not enter less than zero); State-enter Line 7b	\$ _____	\$ _____
b. Calculate 15% State Share of Local tax Line 9a (Local) times 15%=9b		
c. Local&State Tax Liability. Local-Line 9a (Local) less Line 9b; State-Line 9a (State) plus Line 9b ..	\$ _____	\$ _____
d. Calculate percentage used to allocate penalty and interest. Divide Line 9c (Local) by the Sum of amounts (Local&State) Line 9c and enter as a percentage using the format of xx.xx%. Repeat calculation dividing Line 9c (State) by the Sum of amounts (Local&State) Line 9c		% _____ %
10. Penalty (Rate=5% for each 30 day period or portion thereof for which tax is delinquent (not to exceed 25%) Calculate total penalty-apply rate to sum on amounts (Local&State) Line 9c and enter results here. (See instructions) (Minimum penalty=\$15.00)	Penalty \$ _____	
a. Local (Multiply Penalty amount by percentage of Line 9d (Local)	\$ _____	
b. State (Multiply Penalty amount by percentage on Line 9d (State)		\$ _____
11. Interest (Rate 12.25 % times # of days delinquent divided by 365.25 times Line 9c)	\$ _____	\$ _____
[Computed daily from date delinquent until paid]		
12. Total Add Lines 9c, 10a, 10b & 11 (if applicable) From BOTH Local & State Columns	\$ _____	\$ _____
13. Collecting and Recording Fees (\$5.00 per location for consolidated return)	\$ 5.00	
14. Minimum Tax For Next Period Note: Minimum tax is due regardless of amount of credits claimed Line 8a and 8b (\$15.00 per location for consolidated return)	\$ 15.00	
15. Penalty Add 5% of Line 14 for each 30 day per. or portion thereof for which tax is dlgt - Not to exceed 25% \$		
16. Interest (Rate 12.25% times # of days delinquent divided by 365.25 times Line 14)	\$ _____	
17. Total Minimum Tax and Business Tax Sum of Amounts in Lines 12, 13, 14, 15, & 16 from Local & State Columns \$		

MAKE CHECK OR MONEY ORDER IN AMOUNT OF LINE 17 PAYABLE TO CITY OF GOODLETTSVILLE

C. Sales Tax Reports

- 1. Gross Taxable Sales for Tax Purposes to the State of Tennessee \$ _____
- 2. Total Amount of Deductions for State Sales Tax Purposes for Tax Period, Schedule A.
State Sales Tax Return \$ _____
- 3. Total Amount of Sales Tax Due State for Tax Period. Line 14, State Sales Tax Return \$ _____

The amounts reflected above should equal the total of these items on all State Sales and Use Tax Returns for tax period, including any monthly returns which may be delinquent.

Schedule A. Deductions for Business Tax Purposes

- 1. Sales of Services substantially performed in other States \$ _____
- 2. The proceeds of the sale of goods, wares, or merchandise returned by the customer when the sales price is refunded either in cash or by credit. Line D. Schedule A. State Sales Tax Return \$ _____
- 3. Bona Fide Sales in Interstate Commerce where the purchaser takes possession outside of Tennessee for use or consumption outside of Tennessee and item is actually delivered by the seller or common carrier \$ _____
- 4. Cash discounts allowed and taken on sales. Line G, Schedule A, State Sales Tax Return \$ _____
- 5. Repossessions-Enter that portion of the unpaid principal balances in excess of \$500.00 due on tangible personal properties repossessed from customers. Line H, Schedule A, State Sales Tax Return \$ _____
- 6. The amount allowed as trade-in value for any articles sold \$ _____
- 7. Amounts subcontracted to others for additions or improvements to real property.
Attach list of subcontractors and their addresses, items subcontracted and amounts \$ _____

Federal excise taxes and state privilege and excise taxes on the following items (indicate amounts sold and deductions):

8. Gasoline and Motor Fuel Tax:

- a. Gasoline tax paid Federal \$ _____
State \$ _____
Totals \$ _____
- b. Motor Fuel Use Tax Paid Federal \$ _____
State \$ _____
Totals \$ _____
- c. State Special tax on petroleum products \$ _____
- d. Liquidated Gas for Motor Vehicle \$ _____

9. Tobacco Tax:

- a. Cigarettes Federal \$ _____
State \$ _____
Totals \$ _____
- b. Other Tobacco Products: Federal \$ _____
State \$ _____
Totals \$ _____

10. Beer

- Federal \$ _____
State \$ _____
- a. Wholesale Tax 17% of wholesaler's cost per beer sold \$ _____
- Totals \$ _____ \$ _____

11. Other (Specify) _____

..... \$ _____

12. Total Deductions. Enter here and in Line B2, Page 1 \$ _____

(Note: All deductions must have adequate records maintained to substantiate deductions claimed, otherwise they will be disallowed.)

Persons with two or more business locations in a city and/or county may, upon request, obtain forms and file with the appropriate collection officer consolidated tax returns, provided only, however, that such businesses are taxable under the same classification and at the same rate. Consolidated returns must contain a schedule, by individual locations, giving information necessary to determine tax liability at each location.

I certify that this return, including any accompanying schedule or statements, has been examined by me and is, to the best of my knowledge and belief, a true and complete return, made in good faith, for the tax period stated pursuant in the provisions of Chapter 58 of Title 67, Tennessee Code Annotated, known as the 'Business Tax Act'. If prepared by anyone other than the taxpayer, this return is based upon all information of which I have any knowledge, under penalties provided by the 'Return Preparer Act of 1969.'

This return is for the tax period from _____ to _____

Sign _____ Date _____

Here _____ By _____ Date _____

Signature of preparer, including title if employee of the taxpayer. If person preparing return is not an employee of the taxpayer, state name of attorney, CPA or PA and signature of employee preparing return.