RV-R0006701

INTERNET (06-07)

TOB 552

Filing Period	Account No.	SSN or FEIN
Beginning:		
Ending:	Due Date	

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

Returns must be postmarked by the due date to avoid the assessment of penalty and interest. Returns must be filed even if no sales were made or any tax due.

Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 12 and mail to:

Tennessee Department of Revenue Andrew Jackson State Office Bldg. 500 Deaderick Street Nashville, TN 37242

REMINDERS

- 1) Please read instructions on reverse side before preparing this return and transfer the amounts reported on Schedules A, B, and C from reverse side.
- Adequate and complete records as are necessary to substantiate the payment of all Tennessee Tobacco taxes must be preserved.
- 3) Deduct the vendor's compensation on Line 6 only when the return and payment are timely filed.

4) Be sure to sign and date in signature box on the back.

ROUND TO NEAREST DOLLAR WRITE NUMBERS LIKE THIS

(Pack of 20 - \$.62)

(Pack of 25 - \$.775)

	00 b.		00
	00 b.		00
	00 b.		00
	(4)	шш	00
	(5)		00
l	(6)		00
5)	(7)		00
	(8)		00
partment of Revenue notices)	(9)		00
9) for each 1 to 30 DAY PERIOD or portion EXCEED 25%.) Minimum penalty is \$15	(10)		00
			00
: Line 9 if applicable)	(12)		00
	partment of Revenue notices) 9) for each 1 to 30 DAY PERIOD or portion EXCEED 25%.) Minimum penalty is \$15 e. um on the tax (Line 8 less Line 9)	00 b. 00 b	00 b. 00 b. (4)

FOR OFFICE USE ONLY

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For additional information, contact the Taxpayer Services Division in one of our Department of Revenue Offices:

Chattanooga Jackson (423) 634-6266 (731) 423-5747 1301 Riverfront Suite 340 Lowell Thomas Building Parkway Suite 203 225 Martin Luther King Blvd.

Johnson City (423) 854-5321 204 High Point Drive

Knoxville (865) 594-6100 7175 Strawberry Plains Pike

Suite 209

Memphis (901) 213-1400 3150 Appling Road Bartlett, TN

Nashville (615) 253-0600 Andrew Jackson Building 500 Deaderick Street

Tennessee residents can also call our statewide toll free number at 1-800-342-1003. Out-of-state callers must dial (615) 253-0600

www.tennessee.gov/revenue

General:	INSTRUCTIONS All persons making wholesale sales of cigarettes and other tobacco products activities on this tax return. Tennessee retailers purchasis manufacturers not licensed in Tennessee must report such on Sche the commissioner or authorized agent or representative to inspect at a including the general accounting records, in ascertaining whether	ng tobacco products dule C using their c ny time all tobacco p	s other than cigare ost price. Every di- roducts, invoices, b	ettes from w stributor or o	holesalers and/or dealer shall permit
Due Date:	The return is due to be filed on or before the 15th day of the mont have occurred.	h following the filing	period regardles	s of whethe	r any transactions
Amended Return:	If this is an amended return, please indicate "Filing Period" and che Schedule A	eck the appropriate	box on the front o	f this return	
*(Out-of-state w	holesalers skip lines 1 through 6 and begin on Line 7)		20's		25's
1. Unstamped p	acks of cigarettes on hand at beginning of period	1a		1b	
2. Total of unsta	mped packs of cigarettes purchased during period	2a		2b	
3. Packs of unst	amped cigarettes sold outside Tennessee	3a			
4. Packs of unsta	amped cigarettes returned to manufacturer	4a			
5. Packs of unst	amped cigarettes sold to exempt agencies in Tennessee.	5a			
6. Packs of unst	amped cigarettes on hand at end of period	6a			
7. Add lines 1 ar	nd 2; subtract lines 3, 4, 5 and 6 (TN Domiciled) *(Out-of-st	ate			
wholesalers e	enter packs sold to TN customers during period)	7a		7b	
8. Multiply Line	7a by .62 and Line 7b by .775. Enter here and on Line 1				
on the front of	return	8a	00	8b	00
	Schedule B				
1. Number of Te	nnessee stamps on hand at beginning of period	1a		1b	·
2. Number of Te	nnessee stamps purchased during period	2a		2b	
3. Number of Te	nnessee stamps on hand at end of period	3a			
4. Authorized St	amp Adjustments	4a			·
5. Add lines 1 ar	nd 2; subtract lines 3 and 4	5a		5b	
6. Multiply Line	5a by .62 and line 5b by .775. Enter here and on Line 2				
on the front of	the return	6a	00	6b	00
	Schedule C				
	ale cost of other Tobacco Products (Retailers use your cos				00
	ale cost of other Tobacco Products sold outside TN				00
•	sales of Tobacco Products (military & other wholesalers)			3	00
	of lines 2 and 3 from Line 1 (out-of-state wholesalers enter $$				
	ssee customers)				00
	djustments				00
6. Subtract Line	5 from Line 4			6.	00

and fill in nu	ropriate box mber below: or SSN		
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If your account number is not preprinted on the front of the return, enter your federal employer identification number (FEIN) or your social security number (SSN) in the spaces at left:

7. Multiply Line 6 by .066. Enter here and on Line 5 on the front of the return

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

7. _____

00