



TENNESSEE DEPARTMENT OF REVENUE
Registration and Report for Taxation
of Unauthorized Substances

RV-F020081 (3/19)

USB
580

Defendant Information (provide co-defendant information in the space provided) - Attach Affidavit

Legal Name			SSN
Street Address			
City	State	ZIP Code	County
Home Telephone Number		Work Telephone Number	Date of Birth
Driver's License Number and State		Employer Name and Address	

Identification and location of any personal or real property in the possession of or belonging to the individual named above that is not covered by forfeiture: _____

Inventory of Unauthorized Substances

	Quantity
1. Grams, or fraction thereof, of harvested marijuana stems and stalks that have been separated from and are not mixed with any other parts of the marijuana(1)	_____
2. Grams, or fraction thereof, of marijuana, other than harvested marijuana stems and stalks that have been separated from and are not mixed with any other parts of the marijuana.....(2)	_____
3. Number of marijuana plants with foliage, whether growing or detached from the soil.....(3)	_____
4. Grams, or fraction thereof, of cocaine(4)	_____
5. Grams, or fraction thereof, of any other controlled substance, controlled substance analogue, or low-street-value drug sold by weight.....(5)	_____
6. Number of sets of 10 dosage units, or fraction thereof, of any low-street-value drug that is not sold by weight(6)	_____
7. Number of sets of 10 dosage units, or fraction thereof, of any controlled substance that is not sold by weight(7)	_____
8. Gallons, or fraction thereof, of illicit alcoholic beverages sold by the drink.....(8)	_____
9. Gallons, or fraction thereof, of illicit alcoholic beverages not sold by the drink(9)	_____

Arrest and Reporting Agency Information (attach copy of arrest report)

Reporting Agency Name			Date of Arrest
Street Address			
City	State	ZIP Code	County
Reporting Officer's Name		Officer's Telephone Number	Case Number

Agency Distribution

Agency Name	Contact Name	Contact Telephone Number	%
Tennessee Department of Revenue			25%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Co-Defendant Information

Legal Name			SSN
Street Address			
City	State	ZIP Code	County
Home Telephone Number	Work Telephone Number	Date of Birth	
Driver's License Number and State	Employer Name and Address		

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Co-Defendant Information

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Street Address			
City	State	ZIP Code	County
Home Telephone Number	Work Telephone Number	Date of Birth	
Driver's License Number and State	Employer Name and Address		

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Co-Defendant Information

Legal Name			SSN
Street Address			
City	State	ZIP Code	County
Home Telephone Number	Work Telephone Number	Date of Birth	
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