



TENNESSEE DEPARTMENT OF REVENUE  
FRANCHISE, EXCISE TAX RETURN

**FAE  
170**

Taxable Year Beginning: _____ Ending: _____	Account No. _____  Due Date _____	FEIN or SSN _____  AMENDED RETURN, please check the box at right. } <input type="checkbox"/>  FINAL RETURN for termination or withdrawal, please check box at right. } <input type="checkbox"/>  Payment for this return was sent via EFT, please check the box at right. } <input type="checkbox"/>  Taxpayer has made an election to calculate net worth per the provisions of T.C.A. 67-4-2103 (g)-(i), please check the box at right. } <input type="checkbox"/>  Enter the principal business activity code (NAICS) listed in federal IRC instructions that best describes the principal business activity in Tennessee. _____  <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Date Tennessee Operations Began _____</td> <td style="border: none;">If you use a paid preparer and do not want forms mailed to you next year, check box at right. <input type="checkbox"/></td> </tr> </table>	Date Tennessee Operations Began _____	If you use a paid preparer and do not want forms mailed to you next year, check box at right. <input type="checkbox"/>
Date Tennessee Operations Began _____	If you use a paid preparer and do not want forms mailed to you next year, check box at right. <input type="checkbox"/>			

SCHEDULE A - COMPUTATION OF FRANCHISE TAX		DOLLARS	CENTS
1. Total net worth from Schedule F1, Line 5 or Schedule F2, Line 3 .....	(1)	_____	_____
2. Total real & tangible personal property from Schedule G, Line 15 .....	(2)	_____	_____
3. <b>Franchise tax</b> (25¢ per \$100.00 or major fraction thereof on the greater of Lines 1 or 2; <b>minimum</b> \$100.00) ..	(3)	_____	_____

SCHEDULE B - COMPUTATION OF EXCISE TAX		DOLLARS	CENTS
4. Income subject to excise tax from Schedule J, Line 31 .....	(4)	_____	_____
5. Excise tax (6.5% of Line 4) .....	(5)	_____	_____
6. Add: Recapture of excise tax credit from Schedule T, Part 2 .....	(6)	_____	_____
7. <b>Net excise tax due</b> (Line 5 plus Line 6) .....	(7)	_____	_____

SCHEDULE C - COMPUTATION OF TOTAL TAX DUE OR OVERPAYMENT		DOLLARS	CENTS
8. Total Franchise and Excise taxes - Add lines 3 and 7 .....	(8)	_____	_____
9. Deduct: Total credit from Schedule D, Line 7 (cannot exceed Line 8) .....	(9)	_____	_____
10. Subtotal: Line 8 less Line 9 (if Line 9 exceeds Line 8, enter 0 here) .....	(10)	_____	_____
11. Deduct: Total payments from Schedule E, Line 7 .....	(11)	_____	_____
12. Penalty (5% for each 30-day period of delinquency not to exceed 25%; minimum penalty is \$15)	(12)	_____	_____
13. Interest (12.25% per annum on taxes unpaid by the due date) .....	(13)	_____	_____
14. Penalty on estimated franchise, excise tax payments .....	(14)	_____	_____
15. Interest on estimated franchise, excise tax payments .....	(15)	_____	_____
16. <b>Total amount due (overpayment)</b> - Add lines 10, 12, 13, 14, and 15, less Line 11 .....	(16)	_____	_____
If <b>overpayment</b> reported on Line 16, complete A and/or B:			
A. <input type="checkbox"/> Credit to next year's tax \$ _____		B. <input type="checkbox"/> Refund \$ _____	

<b>POWER OF ATTORNEY</b> - 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	Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.		
Taxpayer's Signature _____	Date _____	Title _____	
Tax Preparer's Signature _____	Preparer's SSN _____	Date _____	Telephone _____
Preparer's Address _____	City _____	State _____	ZIP _____

**FOR OFFICE USE ONLY** ➔

--	--	--

Remit amount in item 16, payable to:  
**TENNESSEE DEPARTMENT OF REVENUE**  
Andrew Jackson State Office Building  
500 Deaderick Street, Nashville, TN 37242

**Schedule D -- SCHEDULE OF CREDITS**

1. Gross Premiums tax credit (cannot exceed Schedule C, Line 8) .....	(1)		
2. Tennessee Income Tax (cannot exceed Schedule B, Line 5) .....	(2)		
3. Day Care Credit from Schedule W, Line 18/LIHTC from Schedule Y, Line 3 .....	(3)		
4. Industrial Machinery Credit from Schedule T, Line 11 .....	(4)		
5. Jobs Tax Credit from Schedule X, Line 22 .....	(5)		
6. Jobs Tax Credit computed in accordance with T.C.A. Section 67-4-2109 (c)(2)(G) or (H) .....	(6)		
7. Total Credit - Add lines 1 through 6 (Enter here and on Schedule C, Line 9) .....	(7)		

**Schedule E -- SCHEDULE OF PAYMENTS**

1. Overpayment from previous year if available .....	(1)		
2. First quarterly estimated payment .....	(2)		
3. Second quarterly estimated payment .....	(3)		
4. Third quarterly estimated payment .....	(4)		
5. Fourth quarterly estimated payment .....	(5)		
6. Extension payment .....	(6)		
7. Total payments - Add lines 1 through 6 (Enter here and on Schedule C, Line 11) .....	(7)		

**COMPUTATION OF FRANCHISE TAX**

**Schedule F1 -- NON-CONSOLIDATED NET WORTH**

1. Net Worth (total assets less total liabilities) .....	(1)		
2. Indebtedness to or guaranteed by parent or affiliated corporation .....	(2)		
3. Total lines 1 and 2 .....	(3)		
4. Ratio (Schedules N, O, P, or R if applicable or 100%) .....	(4)		%
5. Total - Line 3 multiplied by Line 4 (Enter here and on Schedule A, Line 1) .....	(5)		

**Schedule F2 -- CONSOLIDATED NET WORTH**

1. Consolidated Net Worth (total assets less total liabilities) .....	(1)		
2. Ratio (Schedule 170NC or 170SF) .....	(2)		%
3. Total - Line 1 multiplied by Line 2 (Enter here and on Schedule A, Line 1) .....	(3)		

**NOTE: Schedule F2 is to be completed only if the consolidated net worth election has been made.**

**Schedule G - DETERMINATION OF REAL AND TANGIBLE PROPERTY**

BOOK VALUE OF PROPERTY OWNED - Cost less accumulated depreciation		In Tennessee	
1. Land .....	(1)		
2. Buildings, leaseholds, and improvements .....	(2)		
3. Machinery, equipment, furniture, and fixtures .....	(3)		
4. Automobiles and trucks .....	(4)		
5. Prepaid supplies and other tangible personal property (Attach schedule) .....	(5)		
6. Share of partnership real and tangible property provided that the partnership does not file a return (Attach schedule) .....	(6)		
7. Inventories and work in progress .....	(7)		
a. Deduct exempt inventory in excess of \$30 million (§67-4-2108(a)(6)(B)) .....	(7a)	(            )	
8. Deduct value of certified pollution control equipment (Include copy of certificate (§67-5-604)) .....	(8)	(            )	
9. Deduct exempt required capital investments (T.C.A. Section 67-4-2108(a)(6)(G)) .....	(9)	(            )	
10. SUBTOTAL - Add lines 1 through 7, less Line 7a through Line 9 .....	(10)		
Rental Value of Property Used but not Owned		(A)	(B)
Net Annual Rental Paid for:		In Tennessee	(C)
11. Real property .....	(11)		x8
12. Machinery & equipment used in manufacturing & processing .....	(12)		x3
13. Furniture, office machinery, and equipment .....	(13)		x2
14. Delivery or mobile equipment .....	(14)		x1
15. TENNESSEE TOTAL - Add lines 10-14 (Enter total here and on Schedule A, Line 2) .....	(15)		

TAXABLE YEAR	TAXPAYER NAME	ACCOUNT NO./FEIN/SSN
--------------	---------------	----------------------

**COMPUTATION OF EXCISE TAX**

**Schedule J-1 -- COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS PARTNERSHIPS**

1. Ordinary Income or Loss from Federal Form 1065, Line 22 plus any intangible expense to an affiliated business entity deducted for federal tax purposes ..... (1)	
<b>Additions:</b>	
2. Additional income items specifically allocated to partners, including guaranteed payments to partners (Fed 1065 - Sch K) (2)	
3. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a REIT subject to and paying the excise tax (include schedule of entities and FEINs) ..... (3)	
4. Total - Add lines 1, 2, and 3 ..... (4)	
<b>Deductions:</b>	
5. Additional expense items specifically allocated to partners (Fed 1065 -Sch K) ..... (5)	
6. Amount subject to self-employment taxes distributable or paid to each partner or member net of medical insurance payments previously deducted to determine Ordinary Income (Loss) on Form 1065 (If negative, enter zero) (Include on Schedule K, Line 3) ..... (6)	
7. Amount of contribution, not previously deducted, to qualified pension or benefit plans of any partner or member, including all IRC 401plans (Include on Schedule K, Line 3) ..... (7)	
8. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a REIT subject to and paying the excise tax (include schedule of entities and FEINs) ..... (8)	
9. Total deductions - Add lines 5 through 8 ..... (9)	(            )
10. Total - Line 4 less Line 9 (Enter here and on Schedule J, Line 1) ..... (10)	

**Schedule J-2 -- COMPUTATION OF NET EARNINGS FOR A SINGLE MEMBER LLC FILING AS AN INDIVIDUAL**

<b>Additions:</b>	
1. Business Income from Form 1040, Schedule C plus any intangible expense to an affiliated business entity ..... (1)	
2. Business Income from Form 1040, Schedule D plus any intangible expense to an affiliated business entity ..... (2)	
3. Business Income from Form 1040, Schedule E plus any intangible expense to an affiliated business entity ..... (3)	
4. Business Income from Form 1040, Schedule F plus any intangible expense to an affiliated business entity ..... (4)	
5. Business Income from Form 4797 ..... (5)	
6. Other: Form _____, Schedule _____ ..... (6)	
7. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a REIT subject to and paying the excise tax (include schedule of entities and FEINs) ..... (7)	
8. Total - Add lines 1 through 7 ..... (8)	
<b>Deductions:</b>	
9. Amount subject to self-employment taxes distributable or paid to the single member (If negative, enter zero) (Include on Schedule K, Line 3) ..... (9)	
10. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a REIT subject to and paying the excise tax (include schedule of entities and FEINs) ..... (10)	
11. Total deductions - Add lines 9and 10 ..... (11)	(            )
12. Total - Line 8 less Line 11 (Enter here and on Schedule J, Line 1) ..... (12)	

**Schedule J-3 -- COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS SUBCHAPTER S CORPORATIONS**

1. Ordinary Income or Loss from Federal Form 1120S, Line 21 plus any intangible expense to an affiliated business entity deducted for federal tax purposes ..... (1)	
<b>Additions:</b>	
2. Income items to extent includable in federal income were it not for "S" status election (Fed 1120S - Schedule K) ..... (2)	
3. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a REIT subject to and paying the excise tax (include schedule of entities and FEINs) ..... (3)	
4. Total - Add lines 1, 2 and 3 ..... (4)	
<b>Deductions:</b>	
5. Expense items to extent includable in federal expenses were it not for "S" status election (Fed 1120S - Schedule K) ..... (5)	
6. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a REIT subject to and paying the excise tax (include schedule of entities and FEINs) ..... (6)	
7. Total deductions - Add lines 5 and 6 ..... (7)	(            )
8. Total - Line 4 less Line 7 (Enter here and on Schedule J, Line 1) ..... (8)	

**Schedule J-4 -- COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS CORPORATIONS AND "OTHER" ENTITIES**

Enter the amount of income(loss) from the applicable federal return to Schedule J, Line 1

1. Federal Form 1120 - Line 28 (Taxable income or loss before net operating loss deduction and special deductions) plus any intangible expense to an affiliated business entity deducted for federal tax purposes ..... (1)	
2. Federal Form 990-T, Line 30 (unrelated business taxable income) ..... (2)	
3. Other: Form _____, Schedule _____ ..... (3)	
<b>Additions:</b>	
4. Any net loss or expense received from a "pass-through" entity subject to and paying the excise tax, or any net loss or expense distributed to a REIT subject to and paying the excise tax (include schedule of entities and FEINs) ..... (4)	
<b>Deductions:</b>	
5. Any net gain or income received from a "pass-through" entity subject to and paying the excise tax, or any net gain or income distributed to a REIT subject to and paying the excise tax (include schedule of entities and FEINs) ..... (5)	(            )
6. Total - Lines 1 through 4 less Line 5 (Enter here and on Schedule J, Line 1) ..... (6)	









