

## TENNESSEE DEPARTMENT OF REVENUE Franchise and Excise Tax Federal Income Revision

	Taxpayer Name		FEIN		Submit form to: Tennessee Department of Revenue F&E Unit	
	Account Number		Taxable Perio	od Ending	P.O. Box 190644 Nashville, TN 37219-0644	
Par	t 1 - Computation of Net Earning	s Subject to Excise	Tax	As Last Reported	Net Change Increase (Decrease	As Amended
1.	Federal income or loss from Schedule	e J, Line 1				
	Additions:					
2.	Tennessee excise tax expense (to the extent reported for federal purposes)					
3.	Contribution carryover from prior pe	riod(s)				
4.	Capital gains offset by capital loss ca	rryover 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		ot inently			
6.	Other (specify or attach documentation	on)				
7.	Total additions (add Lines 2 through 6	5)				
	Deductions:	•				
8.	Dividends received from corporations Current year contributions in excess of					
	federal government					
10.	Portion of current year's capital loss n income					
11.	Any income included for federal tax prorother expense that could have bee lease elections	n deducted for safe ha	arbor			
12.	Any depreciation under the provisions for excise tax purposes due to Tennes from federal bonus depreciation	s of IRC Section 168 pe	ermitted oupling			
13.	Other (specify or attach documentation					
14.	Total deductions (add Lines 8 through	13)				
	Computation of Taxable Income:	- <b>,</b>				
15.	Total business income (loss) (add Line if loss, complete Part 2)					
16.	Apportionment ratio (Schedule N, O, P, R, S, or SE, if applicable, or 100%)		%		% %	
	Apportionment business income (loss Non-business earnings directly alloca Schedule M, Line 9)	ted to Tennessee (from	m			
19.	Loss carryover from prior years					
	Income subject to excise tax (add Line Excise tax due (multiply Line 20 by 6% after July 15, 2002)	, or 6.5% for returns e	nding on or			
22.	Excise tax paid					
	Tax credits					
	Additional excise tax due (overpaid) p (subtract Lines 22 and 23 from Line 2	oer federal income rev	/isions			
	Under penalties of perjury, I schedules and statements, and		rjury, I declare	that I have examined	d this form, including	all accompanying
Po	wer of Attorney - Check YES if this	schedules and statemer	nts, and to the b	est of my knowledge a	and belief, it is true, cor	rect, and complete.
pre	payer's signature certifies that this tax eparer has the authority to execute this im on behalf of the taxpayer and is	Taxpayer's Signature		Date	e Title	
au	thorized to receive and inspect infidential tax information and to perform	Tax Preparer's Signatu	re	Preparer's P	TIN Date	Telephone
any	y and all <u>acts</u> relating to respective tax					
ma	tters.  YES	Preparer's Address		City	Sta	te ZIP Code
l		Preparer's Email Addre	SS			

Part 2 - Determination of Loss Carryover Available		As Last Reported	Net Change Increase (Decrease)	As Amended
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) ......

FEIN

Account Number

Taxpayer Name