



TENNESSEE DEPARTMENT OF REVENUE
Hemp-Derived Cannabinoid Products
Wholesale Tax Return

**HDC
100**

Filing Period		Due Date	Check if applicable: Amended return <input type="checkbox"/>
Account Number		FEIN/SSN	
ABC License Number			Remit amount on Line 10 to: Tennessee Department of Revenue Andrew Jackson State Office Building 500 Deaderick Street Nashville, Tennessee 37242 You may file your return and payment at www.tn.gov/revenue .
Legal Name			
Mailing Address			
City	State	ZIP Code	



	Hemp-Derived Cannabinoid Products (\$0.02 per milligram)	Hemp Plant Parts and Hemp Flower (\$50 per ounce)	Liquid Hemp-Derived Cannabinoid Products (\$4.40 per gallon)
1. Total product disposition (Sch. A, Line 5)	_____	_____	_____
2. Total exemptions (Sch. B, Line 7).....	_____	_____	_____
3. Adjusted gross sales (subtract Line 2 from Line 1).....	_____	_____	_____
4. Tax liability (multiply Line 3 by tax rate)	_____	_____	_____
5. Total tax due (add all columns in Line 4).....	_____	_____	_____
6. Credit memo balance	_____	_____	_____
7. Penalty (see instructions).....	_____	_____	_____
8. Interest (see instructions)	_____	_____	_____
9. Total amount due (add Lines 5, 7, and 8; subtract Line 6)	_____	_____	_____

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 PTIN	_____ Date
_____ Preparer's Address	_____ City	_____ State
_____ Preparer's Email Address	_____ ZIP Code	

FOR OFFICE USE ONLY



Schedule A - Merchandise Inventory

	Hemp-Derived Cannabinoid Products (measure in milligrams)	Hemp Plant Parts and Hemp Flower (measure in ounces)	Liquid Hemp-Derived Cannabinoid Products (measure in gallons)
1. Amount of product on hand beginning of month	_____	_____	_____
2. Total product purchased (attach printout)	_____	_____	_____
3. Amount of product available (add Lines 1 and 2)	_____	_____	_____
4. Amount of product on hand at end of month.....	_____	_____	_____
5. Total disposition (subtract Line 4 from Line 3)	_____	_____	_____

Schedule B - Exemptions

1. Sales to other wholesalers	_____	_____	_____
2. Returns to manufacturers	_____	_____	_____
3. Exports out of state.....	_____	_____	_____
4. Returns from retailers.....	_____	_____	_____
5. Damaged or deteriorated merchandise.....	_____	_____	_____
6. Accountable losses by fire or otherwise.....	_____	_____	_____
7. Total exemptions (add Lines 1 through 6).....	_____	_____	_____

Instructions: Hemp-Derived Cannabinoid Products Wholesale Tax Return

The wholesale sale of hemp-derived cannabinoid products is subject to tax. The tax rates are as follows: 1) **\$0.02** per milligram on hemp-derived cannabinoid products; 2) **\$50.00** per ounce of weight on hemp plant parts or hemp flower; and 3) **\$4.40** per gallon on liquid hemp-derived cannabinoid products.

The return along with the appropriate tax payment is due on or before the 20th day of the month following the period covered. Taxpayers should file returns and make their tax payments online by visiting the Department's website at <https://tntap.tn.gov/eservices>. Alternatively, they may mail the return and payment to the address below. Checks should be made out to the Tennessee Department of Revenue.

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

You must sign and date your return. Paid preparers (accountants, attorneys, etc.) must also sign the return. If this is an amended return, please indicate the "Filing Period" and check the appropriate box on the front of this form.

Return

- Line 1: Enter the total product disposition from Schedule A, Line 5 for each column.
- Line 2: Enter the total exemptions from Schedule B, Line 8 for each column.
- Line 3: Subtract Line 2 from Line 1 for each column.
- Line 4: Multiply Line 3 by the required tax rate for each type of product. Round to the nearest cent.
- Line 5: Add all columns under Line 4.
- Line 6: If your account has a credit balance from an overpayment on a prior return, enter the amount on this line.
- Line 7: Penalty is calculated at a rate of 5% for each 30-day period, or portion thereof, that a return is delinquent, up to a maximum of 25% of the delinquent amount. The minimum penalty is \$15 for the delinquent filing of a return. If your return is delinquent, apply the appropriate penalty rate to the total tax due from Line 5.
- Line 8: Interest is due on any amount of tax that is paid after the statutory due date of the return. The interest rate is determined in accordance with Tenn. Code Ann. § 67-1-801. The current interest rate can be found at www.tn.gov/revenue by clicking the Tax Resources tab. If the payment is late, apply the interest rate to the total tax due from Line 5.
- Line 9: Add Lines 5, 7, and 8; subtract Line 6.

Schedule A – Merchandise Inventory

Round each line to four decimal places.

- Line 1: Enter the total amount of product included in inventory on the first day of the month for each column.
- Line 2: Enter the total amount of product purchased for each column. Include a printout of all purchases with this return.
- Line 3: Add Lines 1 and 2.
- Line 4: Enter the total amount of product included in inventory on the last day of the month for each column.
- Line 5: Subtract Line 4 from Line 3. Enter here and on Line 1 of the return.

Schedule B – Exemptions

You must include with this return all documentation and proof of the exemption required by law for all exemptions. Round each line to four decimal places.

- Line 1: Enter the amount of product sold to other wholesalers for each column.
- Line 2: Enter the amount of product returned to manufacturers for each column.
- Line 3: Enter the amount of product exported out of the state for each column.
- Line 4: Enter the amount of product returned to you by retailers for each column.
- Line 5: Enter the amount of product that was damaged or determined to be deteriorated and were destroyed during the period for each column. Each instance of breakage or destruction must have been observed by a Departmental employee, and the taxpayer must have received a certificate of breakage from the Department.
- Line 6: Enter the amount of product lost by fire or otherwise for each column. You must include a claim for each loss in writing and furnish documented evidence of each loss.
- Line 7: Add Lines 1 through 8. Enter here and on Line 2 of the return.