



TENNESSEE DEPARTMENT OF REVENUE
DEALER'S LIQUIFIED GAS TAX RETURN

**PET
355**

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

Returns must be postmarked by the due date to avoid the assessment of penalty and interest. Returns must be filed even if no tax is due.

Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 8 and mail to:

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

For assistance, you may call in-state toll free 1-800-342-1003 or (615) 253-0600.

REMINDERS

- Maintain adequate records to support this return.
- If assistance is required to complete this return, please refer to the phone numbers listed above or on the back.
- Sign and date this return in the signature box below.

IF AN AMENDED
RETURN
CHECK HERE



TAX COMPUTATION

Note: A diesel gallon equivalent factor of six and six one-hundredths pounds (6.06 lbs.) per gallon should be used.

ROUND TO THE NEAREST GALLON

1. Total gallons of product available for sale (Include prior quarter's ending inventory and all receipts of liquified gas during reporting period.)	(1)	_____
2. Total gallons sold to vehicles on which the Tennessee liquified gas tax must be collected and remitted	(2)	_____
3. Total gallons sold for purposes other than listed above	(3)	_____
4. Tax Due (Multiply Line 2 by \$ _____ per gallon)	(4)	_____ .
5. Credits: Enter outstanding credit amount from previous Department of Revenue notice(s)	(5)	_____ .
6. Penalty { If filed late, penalty is computed at 5% of the tax (Line 4 minus Line 5) for each 30-day period or portion thereof that the return is delinquent. Maximum penalty is 25% of the tax due; minimum penalty is \$15 regardless of the tax amount due or whether any tax is due.	(6)	_____ .
7. Interest - If filed late, compute interest at _____ % per annum on the tax (Line 4 minus Line 5) from the due date to the date of payment.	(7)	_____ .
8. Total Amount Due (Add Lines 4, 6 and 7; subtract Line 5 if applicable)	(8)	_____ .

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and complete.

_____ Taxpayer's Signature	_____ Date
_____ Signature of Preparer other than Taxpayer	_____ Date
_____ Tax Preparer's Address	_____ Phone Number



FOR OFFICE
USE ONLY

