



TENNESSEE DEPARTMENT OF REVENUE
EXPORTER TAX RETURN & CLAIM FOR REFUND

PET
377

Filing Period Beginning: _____ Ending: _____ Due Date: _____	Account No. _____ Location Address _____	SSN or FEIN _____ If this is an AMENDED RETURN, please check the box at right <input type="checkbox"/>
		If this is a CLAIM FOR REFUND, please check the box at right <input type="checkbox"/>
Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 15 and mail to: Tennessee Department of Revenue Andrew Jackson State Office Bldg. 500 Deaderick Street Nashville, TN 37242		

EXPORT GALLONS	GASOLINE COLUMN A	DIESEL DYED COLUMN B	DIESEL UNDYED COLUMN C	KEROSENE COLUMN D	JET FUEL COLUMN E	AV GAS COLUMN F	TOTAL COLUMN G
1. Destination state tax paid gallons (net of diversions)	_____	_____	_____	_____	_____	_____	_____
2. Tax free gallons (see instructions)	_____	_____	_____	_____	_____	_____	_____
3. Diversions into Tennessee	_____	_____	_____	_____	_____	_____	_____
4. Tennessee tax paid gallons	_____	_____	_____	_____	_____	_____	_____
5. Diversions from Tennessee	_____	_____	_____	_____	_____	_____	_____
6. Total gallons exported (Total of lines 4 and 5)	_____	_____	_____	_____	_____	_____	_____

REFUND COLUMN A

TAX COLUMN B

7. Gasoline privilege tax	Line 6-A multiplied by \$0.196917	•	Line 3-A multiplied by \$0.20	•
8. Diesel use tax	Line 6-C multiplied by \$0.167379	•	Line 3-C multiplied by \$0.17	•
9. Special privilege tax	Line 6-G multiplied by \$0.0095	•	Line 3-G multiplied by \$0.01	•
10. Environmental assurance fee	Line 6-G multiplied by \$0.004	•	Line 3-G multiplied by \$0.004 ..	•
11. Totals	Credit - add lines in Refund Column	•	Tax - add lines in Tax Column ..	•
12. Enter outstanding credit amount from previous Department of Revenue notice(s)				•
13. Penalty <small>{ If filed LATE, compute penalty at 5% of the tax (Line 11B minus Line 12 and 11A) for each 1 to 30 DAY PERIOD or portion thereof for which TAX IS DELINQUENT (Total penalty NOT TO EXCEED 25%.) Minimum penalty is \$15 regardless of the amount of tax due or whether there is any tax due. }</small>				•
14. Interest (Line 11B minus Line 12 and 11A multiplied by _____ % per annum on taxes unpaid by the due date)				•
15. TOTAL REMITTANCE AMOUNT (Total of lines 11B, 13, and 14; subtract line 12 and 11A if applicable)				•
16. Overpayment - If you are due a refund, please indicate the amount here				•

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



**FOR OFFICE
USE ONLY**

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For additional information, contact the Taxpayer Services Division in one of our Department of Revenue Offices:

Chattanooga
 (423) 634-6266
 Suite 203
 1301 Riverfront
 Parkway

Jackson
 (731) 423-5747
 Suite 340
 Lowell Thomas Building
 225 Martin Luther King Blvd.

Johnson City
 (423) 854-5321
 204 High Point Drive

Knoxville
 (865) 594-6100
 Suite 209
 7175 Strawberry
 Plains Pike

Memphis
 (901) 213-1400
 3150 Appling Road
 Bartlett, TN

Nashville
 (615) 253-0600
 Andrew Jackson Building
 500 Deaderick Street

Tennessee residents can also call our statewide toll free number at 1-800-342-1003.
 Out-of-state callers must dial (615) 253-0600.

Date	Checked By	<p style="text-align: center;">For Office Use Only REFUND APPROVAL</p> <p>Approved Amount \$ _____</p> <p>_____ <i>Director or Designate</i> <i>Date</i></p> <p>_____ <i>Commissioner of Revenue or Designate</i> <i>Date</i></p>
<input type="checkbox"/> APPROVED <input type="checkbox"/> REDUCED <input type="checkbox"/> INCREASED	REASON FOR REDUCTION	