



TENNESSEE DEPARTMENT OF REVENUE
DEALER'S COMPRESSED NATURAL GAS TAX RETURN

**PET
386**

Filing Period	Account No.	SSN or FEIN
Beginning:	Location Address	If this is an AMENDED RETURN, } <input type="checkbox"/>
Ending:		
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 7 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

1. Read line instructions carefully when completing this return.
2. Complete all information.
3. Sign and date your return in the signature box.

TAX COMPUTATION

Note: A gallon equivalent factor of 5.66 pounds per gallon shall be used when completing this return.

1. Total gallons of product available for sale (Include prior month's ending inventory and all receipts of compressed natural gas during the reporting month)	_____
2. Total gallons sold to vehicles on which the Tennessee compressed natural gas tax must be collected and remitted	_____
3. Total Tax Due - Multiply Line 2 by _____ ¢ per gallon	_____
4. Credits: (Enter outstanding credit amount from previous Department of Revenue notices)	_____
5. Penalty: { If filed LATE, compute penalty at 5% of the tax (Line 3 minus Line 4) 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.....	_____
6. Interest: If filed late, compute interest at _____ % per annum on the tax (Line 3 minus Line 4) from the due date of the payment	_____
7. TOTAL AMOUNT DUE (Total of lines 3, 5, and 6; subtract Line 4 if applicable)	_____



FOR OFFICE
USE ONLY

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

_____ Taxpayer's Signature	_____ Date	_____ Title
_____ Tax Preparer Signature	_____ Date	_____ Telephone
_____ Preparer's Address	_____ City	_____ State
		_____ ZIP