



TENNESSEE DEPARTMENT OF REVENUE
 QUARTERLY FRANCHISE, EXCISE TAX DECLARATION

**FAE
172**

Taxable Year	Beginning	Account No.
	Ending	

Each taxpayer having a combined franchise and excise tax liability of \$5,000 or more for the current tax year must make four quarterly estimated tax payments. The payments are due on the 15th day of the fourth, sixth, and ninth months of the current year and the first month of the succeeding year.

Make your check payable to the Tennessee Department of Revenue and mail to:

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

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

TAXPAYER NAME AND MAILING ADDRESS	
NAME	_____
BOX (STREET)	_____
CITY	_____
STATE	_____ ZIP _____

REMINDERS

1. Please read instructions on reverse side before preparing worksheet.
2. Use the prenumbered vouchers and envelopes provided by the Department of Revenue.
3. Enter the amount from Line 4 of the worksheet to the "Amount of Payment" field on the voucher.
4. If Line 4 of the worksheet is zero, please do not file the voucher.

ROUND TO NEAREST DOLLAR

1. Estimated Franchise, Excise tax liability	_____	00
2. Less: Franchise, Excise Tax Credits and prior year overpayments	_____	00
3. Net Estimated Franchise, Excise tax liability	_____	00
4. Estimated payment (one fourth of Line 3)	_____	00

▼ **KEEP UPPER PORTION FOR YOUR RECORDS-RETURN COPY BELOW** ▼

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Taxable Year	BEGINNING	ENDING
ACCOUNT NUMBER		

Due Date: _____

If your account number is not preprinted or unknown, enter federal identification or social security number.

(FEIN/SSN) ➤

AMOUNT OF PAYMENT ➤ 00

FOR OFFICE USE ONLY ➤

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INSTRUCTIONS

1. **WHO MUST MAKE ESTIMATED TAX PAYMENTS:** Taxpayers who expect a franchise, excise tax liability of \$5,000 or more for the current tax year must file a declaration of their franchise, excise tax for the taxable year and make quarterly payments.
2. **WHEN TO MAKE PAYMENTS:** Quarterly payments of the estimated franchise, excise tax are to be made as follows:

1st payment - The 15th day of the 4th month of the current taxable year.
2nd payment - The 15th day of the 6th month of the current taxable year.
3rd payment - The 15th day of the 9th month of the current taxable year.
4th payment - The 15th day of the 1st month of the subsequent taxable year.
3. **REQUIRED PAYMENT:** The minimum amount of each quarterly payment shall be the lesser of: (a) 25% of the combined franchise, excise tax shown on the tax return for the preceding tax year, annualized if the preceding tax year was for less than twelve (12) months; or (b) 25% of 100% of the combined franchise, excise tax liability for the current tax year.
4. **PENALTY AND INTEREST:** Penalty at the rate of 5% per month, up to 25%, and interest at the current rate per annum are imposed upon any quarterly installment which is late or underpaid. Penalty and interest are computed from the due date of the installment to the date paid or until the fifteenth day of the fourth month following the close of the taxable year.
5. **WHICH FORM TO USE:** All franchise, excise tax payments must be accompanied by the Tennessee Estimated Franchise, Excise Tax Declaration form. If you received a preaddressed packet, please use the prenumbered vouchers and envelopes supplied with the packet. This will help expedite the processing of your estimated payments.

RECORD OF ESTIMATED TAX PAYMENTS

DUE DATE OF PAYMENT	DATE PAID	AMOUNT PAID
1.		
2.		
3.		
4.		
Total payments to be taken on completed return		

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2

Taxable Year	BEGINNING	ENDING
ACCOUNT NUMBER		

Due Date:

If your account number is not preprinted or unknown, enter federal identification or social security number.

(FEIN/SSN) ➤

AMOUNT OF PAYMENT ➤

 00

FOR OFFICE USE ONLY ➤

RV-R0011301

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TENNESSEE DEPARTMENT OF REVENUE
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3

Taxable Year	BEGINNING	ENDING
ACCOUNT NUMBER		

Due Date:

If your account number is not preprinted or unknown, enter federal identification or social security number.

(FEIN/SSN) ➤

AMOUNT OF PAYMENT ➤

 00

FOR OFFICE USE ONLY ➤

RV-R0011301

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4

Taxable Year	BEGINNING	ENDING
ACCOUNT NUMBER		

Due Date:

If your account number is not preprinted or unknown, enter federal identification or social security number.

(FEIN/SSN) ➤

AMOUNT OF PAYMENT ➤

 00

FOR OFFICE USE ONLY ➤

RV-R0011301