



TENNESSEE DEPARTMENT OF REVENUE
EXPORTER TAX RETURN & CLAIM FOR REFUND

**PET
377**

Filing Period		Account No.	SSN or FEIN
Beginning:	Location Address		If this is an AMENDED RETURN, please check the box at right ☐
Ending:			
Due Date		If this is a CLAIM FOR REFUND, please check the box at right ☐	
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	DIESEL	DIESEL	KEROSENE	JET FUEL	AV GAS	TOTAL
	COLUMN A	DYED COLUMN B	UNDYED COLUMN C	COLUMN D	COLUMN E	COLUMN F	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 \$0.255992		Line 3-A multiplied by \$0.26	
8. Diesel use tax	Line 6-C multiplied by \$0.265838		Line 3-C multiplied by \$0.27.....	
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 { 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.				
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	For Office Use Only REFUND APPROVAL Approved Amount \$ _____ _____ <i>Director or Designate</i> <i>Date</i> _____ <i>Commissioner of Revenue or Designate</i> <i>Date</i>
☐ APPROVED ☐ REDUCED ☐ INCREASED	REASON FOR REDUCTION	