

BUSINESS TAX
MONTHLY REPORT OF ANTIQUE MALLS, FLEA MARKETS,
CRAFT SHOWS, GUN SHOWS, and AUTOMOBILE SHOWS
Please Print All Entries

For antique malls, flea markets, craft shows, gun shows, and auto shows, the owner, manager, operator, or promoter of the facility is required by Tenn. Code Ann. Section 67-4-710 to obtain a business license and collect and remit to the local business tax officials a one-dollar fee per day per booth from each exhibitor at the promotion location. Exhibitors who have already obtained the appropriate county and city business licenses for their businesses have the option of paying the one dollar per day per booth fee or of reporting their sales on their own county and city business tax returns.

All fees must be remitted to the County Clerk's or City Business Tax Official's office not later than seventy-two hours from closing of the event for such events in which the location is not a continuing business. For locations that are continuing businesses, the fees must be remitted monthly on the first day of the month. DO NOT SEND THIS FORM OR PAYMENT TO THE TENNESSEE DEPARTMENT OF REVENUE.

Name and Mailing Address of County or City Business Tax Office

County or City: _____ Phone: _____

Mailing Address Street or Post Office Box: _____

City, State, Zip: _____

Event Name and Location Address

Name and Address of Owner

Name: _____

Name: _____

Address: _____

Street Address: _____

City, State, Zip: _____

City, State, Zip: _____

Fax: _____

Phone: _____

SSN: _____

Report of Collections for Period from _____ to _____
(Use Additional Lines on Reverse if Needed):

Date of Event	Number of Exhibitors	Fees Collected

Total Fees Reported Above:	\$
Total Fees Reported on Page 2:	\$
Total Fees Collected/Remitted:	\$

I certify under penalty of perjury that this return, including any accompanying schedules or statements, is to the best of my knowledge a true and complete return for the tax period indicated.

Business Owner's Signature _____ Date _____

Preparer's Signature, Including Title if Employee _____ Date _____

