TENNESSEE DEPARTMENT OF REVENUE

Received of
Account No. _____

Taxpayer _____

Street Address _____

Town or City _____

Date _____

C.D.	
Cash	
Check	

Official
Receipt For
Amount Received $ _____

General tax type collected

F & E & I	MISC	PET.	SALES

Specific tax type _____

Assessment Covers:

Month	Year	Amt.	Month	Year	Amt.
Jan			Jul		
Feb			Aug		
Mar			Sep		
Apr			Oct		
May			Nov		
Jun			Dec		

Db. Memo _____

BY: _____
Commissioned Representative

Title _____

FA
PR
TE
TS

RECEIPT NO. C- 686161
RV-F0103101 (REV 9-91)

REVENUE COPY

PAYMENT RECEIPT BOOK

(DEPARTMENT OF REVENUE)

BEGINNING . . .

No. 686151

ENDING . . .

No: 686200

ASSIGNED TO: _____
REGION

DATE ASSIGNED: _____

DATE COMPLETED: _____

_____
SIGNATURE OF EMPLOYEE

RV-F0103101 (Rev. 9/91)