TF-103 0915

Tire Fee Tax
State Form 51825

X Authorized Signature _____

I declare under penalties of perjury that this is a true, correct and complete return.

Date: _____ Phone: _____

Taxpayer ID Number | For Tax Period

Due on or Before

☐ Check if Amended | Filing Status

T

Tire Fee	1.	
Collection Allowance (Line 1 X 1%)*	2.	Does Not Apply
Net Fee Due (Subtract Line 2 from Line 1)	3.	
Interest Due (Line 3 X Interest Rate)**	4.	Does Not Apply
Penalty is Greater of $5 or 10% of Line 3**	5.	Does Not Apply
Payment Previously Made (EFT credits)	6.	
Total Amount Due (Add Lines 3, 4, and 5, minus Line 6)	7.	.

*Do not use this Line if the payment is late.
**Use this line only if non-EFT payment is filed late.

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 6030
INDIANAPOLIS, IN 46206-6030

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P.O. BOX 6030
INDIANAPOLIS, IN 46206-6030

For Amnesty Filing Only

Instructions for completing Form TF-103
(The following instructions are valid for this form only.)

1. **Tire Fee** − Multiply twenty−five cents (.25) by the total number of new replacement tires sold at retail and new tires mounted on a motor vehicle (and all types of equipment, machinery, implements, or other devices used in transportation, manufacturing, agriculture, construction, or mining) that are sold at retail. Contact the department for Commissioner's Directive #16 for additional information on the tire fee.
2. **Collection Allowance** − Use this line only if t were made on or before the due date. The collection allowance is 1 percent of the tax on Li

   Does Not Apply
3. **Net Fee Due** − Subtract Line 2 from Line 1 and enter the amount on Line 3.
4. **Interest** − To calculate interest, multiply the amount due by the annual interest rate and divide the result by 365. Multiply that result by the number of days the pay computed from the due date of the return to the date payment is made. Interest is not computed on the penalty.

   Does Not Apply
5. **Penalty** − A payment made after the due date The penalty is 10 percent of the total on Line 3, or $5, whichever is greater.

   Does Not Apply
6. **Payment Previously Made (EFT credits)** − If you are filing this return before you have initiated the EFT payment claim the EFT payment on this line. Enter the total amount paid by EFT for the tax period.
7. **Total Amount Due** − Add Lines 3, 4, and 5, minus Line 6. Include this amount with your return.

Please do not send cash. Make check payable (in U.S. funds) to the Indiana Department of Revenue.

For your records only. Do not send to the Indiana Department of Revenue.				
Month	**Amount of Tax Due**	**Amount of Tax Paid**	**Date Paid**	**Check Number**
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				