



# CITY OF SCOTTSVILLE NET PROFITS LICENSE FEE RETURN



Name and Address of Business     Phone Number <input style="width: 150px;" type="text"/> INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. <input style="width: 100%;" type="text"/>	CALENDAR/FISCAL YEAR ENDED			
	OFFICE HOURS: 8:00 - 4:30 MONDAY - FRIDAY  TELEPHONE <b>(270) 237-4472</b>	MONTH	DAY	YEAR	
		12	31		
		DUE DATE			
	04	15			
Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)					
Federal ID No. <input style="width: 100px;" type="text"/>					

**QUESTIONS (ANSWER IN FULL)**

1. Nature of Business \_\_\_\_\_

2. Date Business Started in Scottsville \_\_\_\_\_

3. If Business was Discontinued, State When \_\_\_\_\_

Dissolution  or Sale  If by sale, give Name and Address of successor \_\_\_\_\_

4. Did you have employees in Scottsville?  Yes  No

5. Basis upon which tax return is prepared  Cash  Accrual

6. Business Type:  C-Corp  S-Corp  Partnership  Sole-Prop.  
 Fiduciary  Other (Specify) \_\_\_\_\_

7. Has the IRS changed the Net Income as originally reported for any prior year?  
 No  Yes (Attach Schedule of Changes for each year)

## SCHEDULE A

<b>FOR OFFICIAL USE ONLY</b>  Rec'd _____ Ck. No. _____ Amount _____ Posted _____ By _____	<ol style="list-style-type: none"> <li>1. NET Business income per Federal Tax Return</li> <li>2. ADD Items not Deductible (Line F, Schedule B Below)</li> <li>3. TOTAL (Line 1 Plus Line 2)</li> <li>4. DEDUCT Items not subject (Line L, Schedule B)</li> <li>5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4)</li> <li>6. If Sch. C (line 4) is used enter here AVERAGE PERCENTAGE</li> <li>7. NET PROFITS subject to License Fee (Line 5 x Line 6)</li> <li>8. Prior year adjustments</li> <li>9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE"</li> <li>10. License Fee - <b>1.5000%</b> of line 9</li> <li>11. Interest - <b>12.00 %</b> per annum.</li> <li>12. Penalty - <b>5.00 %</b> per month. (Minimum \$25, Maximum 25%)</li> <li>13. Total (Lines 10+11+12) <b>MINIMUM \$30</b></li> <li>14. Less Credits-( )\$30 BUSINESS LICENSE ( )ESTIMATE ( )OTHER</li> <li>15. <b>BALANCE DUE (Line 13 less Line 14) pay this amount</b></li> <li>16. If estimate overpaid Indicate ( ) Refund or ( ) Credit</li> </ol>
CITY OF SCOTTSVILLE  201 W. MAIN ST. SCOTTSVILLE KY 42164 Phone Number (270) 237-4472  	

## SCHEDULE B

<b>ITEMS NOT DEDUCTIBLE - ADD</b> A. State or Local taxes based on income B. Capital Gain (50% subject) C. Net operating Loss Deduction D. ADDITIONS E. ADDITIONS F. TOTAL ADDITIONS (enter on line 2)	<b>ITEMS NOT SUBJECT - DEDUCT</b> G. Interest H. Royalties on Patents, Copyrights I. Dividends J. Capital Loss (50% deductible) K. Other (attach schedule) L. TOTAL DEDUCTIONS (enter on line 4)
--	--

## SCHEDULE C

ALLOCATION FACTORS	A-SCOTTSVILLE	B-EVERYWHERE	C-PERCENTAGE (A/B)
1. Total Gross Business Receipts			
2. Total Wages, Salaries and Other Personal Service Compensation Paid to Employees			
3. TOTAL PERCENTS .....			
4. AVERAGE PERCENTAGE (Line 3 divided by number of applicable percents).....Enter on line 6			

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR