

CITY OF ASHLAND

Department of Finance
 Occupational License / Net Profit Division
 P.O. Box 1839, Ashland, KY 41105-1839



Phone No. 606/327-2013, 2014, or 2023 Fax No. 606/324-0978

**CITY OF ASHLAND
 NET PROFIT LICENSE FEE RETURN**

For Year Ended
Due Date
15th day of the fourth month following close of the year.
Type of Business:
<input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor <input type="radio"/> Other _____
Federal ID or Social Security No.

BUSINESS NAME			
NUMBER & STREET			
CITY	STATE	ZIP	PHONE
TRADE NAME, IF ANY		NATURE OF BUSINESS	

1.	Net Profit / Income per attached Federal Return	
2.	Add: Items Not Deductible (Line 4, Schedule A on Back)	
3.	Adjusted Net Profit (Line 1 plus Line 2)	
4.	Ashland Percentage (From Schedule B on Back)	
5.	Net Profit Subject to License Fee (Line 3 multiplied by Line 4)	
6.	License Fee Due (2.0% of Line 5)	
7.	Annual Business License Fee	
8.	Enter the larger of Line 6 or Line 7	
9.	Total Estimated Payments (including annual business license fee) and Prior Credits	
10.	Refund or Credit. If Line 9 is greater than Line 8, Enter the difference. (Circle Refund or Credit)	
11.	Balance Due. If Line 8 is greater than Line 9, Enter the difference.	
12.	Penalty (5% per month if filed after due date - minimum \$25)	
13.	Interest (12% per annum until paid)	
14.	Total Amount Due (add Lines 11,12 and 13)	

ATTACH A COPY OF THE APPLICABLE FEDERAL RETURN OR SCHEDULE

FED. SCH. C or E (1040)
 FED. 1041, 1065 or 1120

Please note: Federal return should include Cost of Goods Sold Schedule and/or Other Schedules

ALL 1099 FORMS ISSUED MUST BE ATTACHED

I hereby certify that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.

 Authorized Signature Title Date

IF PAYING BY MASTERCARD OR VISA, COMPLETE BELOW		
() MASTERCARD () VISA	CARD NUMBER	SIGNATURE
	AMOUNT	

FOR INTERNAL USE ONLY

Reconciled By: _____ Date: _____

SCHEDULE A

ITEMS NOT DEDUCTIBLE		
1.	Taxes based on income	
2.	City of Ashland license fees	
3.	Net operating-loss deduction	
4.	Total not deductible	

SCHEDULE B

COMPUTATION OF PERCENTAGE OF NET PROFITS SUBJECT TO LICENSE FEE			
ALLOCATION FACTOR	(A) ASHLAND FACTOR	(B) TOTAL EVERYWHERE	(C) ASHLAND PERCENT
1. Gross Sales or Receipts			