

**POWELL COUNTY FISCAL COURT  
NET PROFIT LICENSE FEE RETURN**

\*\*\*\*This form must be completed in its entirety. If Federal I.D. or Social Security Number is omitted, this form will be returned to you. If address change applies, you must check the address change box\*\*\*\*

CHECK IF ADDRESS CHANGE     AMENDED RETURN     NO ACTIVITY

<b>ACCOUNT NO.</b>		<b>FEDERAL I.D. OR SSN</b>			
		<b>FOR YEAR ENDING</b>			

Name \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Extension \_\_\_\_\_ Fax No. \_\_\_\_\_

CHECK IF "FINAL RETURN" Date Operations ceased \_\_\_\_\_ (Required to close account.)

**\* ALL LICENCEES MUST ANSWER THE QUESTIONS BELOW \***

- A.** Principle business activity: \_\_\_\_\_
- B.** During the past year did Federal Authorities change or propose to change net income reported for the year or any prior year? \_\_\_\_\_  
 If YES which year(s) was adjusted? \_\_\_\_\_ (Attach statement of changes)
- C.** Principle owner/administrative officer: \_\_\_\_\_  
 Address: \_\_\_\_\_
- D.** Did you file a consolidated return? \_\_\_\_\_ (if yes, see instructions)
- E.** Was business activity discontinued? \_\_\_\_\_ When? \_\_\_\_\_ For Dissolution \_\_\_\_\_ or Sale/Transfer? \_\_\_\_\_  
 If Sale / Transfer state successor \_\_\_\_\_  
 Name and Address: \_\_\_\_\_

YES     NO    Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Powell County other than an employee? **IF YES, YOU ARE REQUIRED TO FILE COPIES OF FEDERAL FORM 1099.**

**\* ALL LICENCEES MUST COMPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING THIS SECTION \***

<b>20.</b> Enter ADJUSTED NET PROFIT (From line 15 on the back of this form):	
<b>21.</b> Enter percentage from Line 18 or 19	
<b>22.</b> Net Profits Allocation (Line 20 X Line 21)	
<b>23.</b> Powell County License Fee (Line 22 X .01 )	
<b>24.</b> Credits: Estimated Payments	
<b>25.</b> Balance of License Fees Due (Line 23 minus Line 24)	
<b>26. Penalty - 5 % per month, not to exceed 25% - Minimum \$25</b> Penalty due on amount owed from original due date, unless full estimated payments were made If payment not made by extension date, penalty will be calculated back to original due date	
<b>27. Interest - 12 % per annum</b> Calculate interest on amount owed on Line 26 from original due date. A fraction of a month counts as a whole	
<b>28.</b> Total amount due (Add lines 25, 26, & 27)	

**29.** Overpayment     Credit     Refund   
 (refunds will only be given for more than \$100.00. Otherwise your account will be credited towards future filings)

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

_____ Preparer Signature (Return must be signed.)      Date	_____ Taxpayer Signature (Return must be signed.)      Date
_____ Print Name      Federal ID	_____ Print Name
_____ Address      Phone No.	_____ Title      Social Security No.

If you have any questions concerning this form you may call this office at (606)663-2834

Make check payable to and mail to:

Mail this form along with supporting schedules to powell County Fiscal Court, PO Box 506, Stanton KY 40380

This return must be mailed and paid in full by the fifteenth day of the fourth month after the close of the fiscal/calender year, unless an extension of time has been granted.

**COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES EVEN IF A LOSS WAS INCURRED.**

	INDIVIDUAL	PARTNERSHIP	CORPORATION
1) Non-employee compensation reported as "other income" on Federal 1040 (Attach Page 1 of Form 1040 and Form 1099 if applicable)			
2) Net profit per each Federal Schedule C, E and/or F (If reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules.)			
3) Capital gain from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 or Form 6252)			
4) Ordinary gain or (loss) on the sale of property used a trade or business per Federal Form 4794(Attach Form 4794, pages 1 and 2)			
5) Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s), if applicable)			
6) Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120S, Pages 1, 2 and 3, Schedule of other Deductions, and Rental Schedule(s) if applicable.)			
7) State income taxes and occupational taxes based upon income deducted on the Federal Schedule C, E, F or Form 1065, 1120, 1120A or 1120S			
8) Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)			
9) Net operating loss deducted (add back) on Form 1120			
10) Total Income - Add Line 1 through Line 9			
11) Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)			
12) Other Adjustments (Attach Schedule)			
13) Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)			
14) Total Deductions - Add Line 11 through Line 13			
15) Adjusted Net Profit - Subtract Line 14 from Line 10. Enter here and on Line 20 on the front page			

**WORKSHEET Y: BUSINESS APPORTIONMENT**

APPORTIONMENT FACTORS	COLUMN A POWELL COUNTY	COLUMN B TOTAL EVERYWHERE	DIVIDE (A / B = C) NOTE: All percentages in Column C should be carried out five (5) decimal places
16) <b>PAYROLL FACTOR</b> Compensation paid during the year to employees			
17) <b>SALES REVENUE FACTOR</b> Receipts from the sale, lease or rental of goods, services or property			
18) <b>TOTAL PERCENTAGES</b>			
19) <b>BUSINESS APPORTIONMENT</b> - Enter here and on LINE 22 of NET PROFIT LICENSE FEE RETURN If you had both a payroll factor and a sales revenue factor, then divide line 18 by two (2) If you had a payroll factor or sales revenue factor, but not both, then enter the percentage from line 18 on line 22			