

MCCRACKEN COUNTY TAX ADMINISTRATOR NET PROFIT LICENSE FEE RETURN



	nis form is due on or before April 15 a If address change applies, you must			ount number is omitted	d, this form will be returned to				
	CHECK IF ADDRESS CHANGE AMENDED RETURN			ACCOUNT NO.	CCOUNT NO. FEDERAL I.D. OR SSN				
N	ame								
	ontact				FOR YEAR ENDING				
A	ddress								
_				_					
	ity		•						
P	none NoCHECK IF "FINAL RETURN" Date C								
* ALL LICENCEES MUST ANSWER THE QUESTIONS BELOW *									
A. Principle business activity:									
B. Principle owner/administrative officer:									
В.	Principle owner/administrative onice								
	Address:								
C.	Was business activity discontinued?	When?	Foi	Dissolution	or Sale/Transfer?				
	If sale / transfer state sucessor								
	Name and Address:								
	VES NO Did you make payr	nents in the sum of \$600	.00 or more to any ind	ividual for services ren	dered in this				
	* ALL LICENCEES MUST	an employee? IF YES, Y							
20	Enter ADJUSTED NET PROFIT (F			OKE GOIM EETING I	THO OLOTION				
			or triis form).						
	Enter percentage from Line 18 or 1								
22.	2. Net Profits Allocation (Line 20 X Line 21) (if less than \$2,500 no Tax Due)								
23.	McCracken County License Fee (L	ine 22 X 1 %)							
24.	4. Credits: Estimated Payments								
25.	. Business License paid to City of Paducah during fiscal year above								
26.	Balance of License Fees Due (Line	23 minus Line 24 & Lir	ne 25)						
27.	Penalty - 5 % per month, not to	exceed 25% - Minimu	m \$25						
	Penalty due on amount owed from orig If payment not made by extension date								
28.	Interest - 1 % per month Calculate interest on amount owed on	l ine 26 from original due d	late						
29.	Total amount due (Add lines 26, 27	-	acte.						
30.	Overpayment Refund	· ,							
	Thousand the second of the sec			<u> </u>	The fall of the state of the st				
	I hereby certify, under penalty of perjury, that	the statements made herein a	nd any supporting schedule	es are true, correct, and com	plete to the best of my knowledge.				
_	reparer Signature (Return must be signed.)	/ / Date	Taynayar Signa	ature (Return must be signed	/ / I.) Date				
۲	reparer Signature (Meturn must be signed.)	Date	raxpayer Signa	ature (incluiri must be signed	ı., Dale				
Р	rint Name	Federal ID	Print Name						
Address		Phone No.	Title	Title Social Security No.					
	If you have any ques	tions concerning this form	visit www.mccrackenfis	calcourt.com or call (270	•				
	Make Mail this form along with supporting sc	e check payable to: MCCR hedules to: MCCRACKEN	COUNTY TAX ADMINI	ADMINISTRATOR STRATOR * P O BOX 26	658 * PADUCAH, KY 42002				

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

			INDIVIDUAL	PARTNERSHIP	CORPORATION					
	n reported as "other income" on Feden 1 1040 and Form 1099 if applicable)	eral								
	let 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 ne other schedules.)									
	Capital gain from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach From 4797, Pages 1 and 2 or Form 6252)									
	Ordinary gain or (loss) on the sale of property used a trade or business er Federal Form 4797(Attach Form 4797, pages 1 and 2)									
	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 income or (loss) per Federal Pages 1 and 2 or 1120S, Pa and Rental Schedule(s) if ap										
	upational license taxes based upon ir nedule C, E, F or Form 1065, 1120, 1									
	f Form 1065 or Form 1120S (Attach 1120S and Rental Schedule(s), if ap									
9) Net operating loss deducted	(add back) on Form 1120									
10) Total Income - Add Line 1 th	nrough Line 9									
	K of Form 1065 or Form 1120S (Atta 1120S and Rental Schedule(s), if ap									
12) Other Adjustments (Attach	Schedule)									
13) Professional expenses not r Schedule of Expenses)	eimbursed by the Partnership (Attach									
14) Total Deductions - Add Line	11 through Line 14									
15) Adjusted Net Profit - Subtract Line 20 on the front page	ct Line 14 from Line 10. Enter here ar									
WORKSHEET Y: BUSINESS APPORTIONMENT										
APPORTIONMENT FACTORS	<u> </u>			DIVIDE (A / B = C) NOTE: All percentages in Column C should be carried out five (5) decimal places						
16) PAYROLL FACTOR Compensation paid during the year to employees										
17) SALES REVENUE FACTOR Receipts from the sale, lease or rental of goods, services or property										
18) TOTAL PERCENTAGES										
19) BUSINESS APPORTIONMENT - Enter here and on LINE 21 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 21										