

# Warren County Occupational License 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: 100px; height: 20px;" type="text"/>	CALENDAR/FISCAL YEAR ENDED			
	OFFICE HOURS: 8:00 - 4:00 MON - FRI  TELEPHONE <b>(270) 842-5805</b>	MONTH	DAY	YEAR	
		<b>12</b>	<b>31</b>	<b>2015</b>	
		DUE DATE			<b>04</b>
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 Warren County \_\_\_\_\_

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 Warren County?  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

<p style="text-align: center;"><b>FOR OFFICIAL USE ONLY</b></p> 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>1.0000%</b> of line 9</li> <li>11. Interest - <b>12.00 %</b> annual percentage rate</li> <li>12. Penalty - <b>5.00 %</b> per month or portion of month.</li> <li>13. Total (Lines 10+11+12)</li> <li>14. Less Credits - ( ) ESTIMATE ( ) OTHER</li> <li>15. BALANCE DUE (Line 13 less Line 14) pay this amount</li> <li>16. If estimate overpaid Indicate ( ) Refund or ( ) Credit</li> </ol>
<p style="text-align: center;">Make checks payable and mail to:</p> <p style="text-align: center;"><b>Warren County Occupational License</b></p> <p style="text-align: center;">429 E. 10th St. Suite 200                  Bowling Green KY 42101                  Phone Number (270) 842-5805</p> 	

## SCHEDULE B

NOTE: ADD AND OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING 1 INCOME PER FEDERAL RETURN

<p style="text-align: center;"><b>ITEMS NOT DEDUCTIBLE - ADD</b></p> A. State or Local taxes based on income B. Capital Gain C. Net operating Loss Deduction D. E. F. TOTAL ADDITIONS (enter on line 2)	 <b>EDUCATIO PAYS</b>	<p style="text-align: center;"><b>ITEMS NOT SUBJECT - DEDUCT</b></p> G. Interest H. Royalties on Patents, Copyrights I. Dividends J. Capital Loss K. Other (attach schedule) L. TOTAL DEDUCTIONS (enter on line 4)
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## SCHEDULE C

Business Allocation percentage-Divide (Col. B) to obtain decimal Carry out at least 6 places.

<b>ALLOCATION FACTORS</b>			
1. Total Gross Business Receipts (see reverse side)			
2. Total Wages, Salaries and Other Personal Service			
3. TOTAL PERCENTS ..... Compensation Paid to Employee			
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents)..... Enter of 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