

Warren County Occupational License NET PROFITS LICENSE FEE RETURN

Name and Address of Business  Phone Number <input style="width: 100px;" type="text"/> INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. <input style="width: 100px;" type="text"/>	CALENDAR/FISCAL YEAR ENDED			
	OFFICE HOURS: 8:00 - 4:00 MON - FRI TELEPHONE (270) 842-5805	MONTH	DAY	YEAR	
		12	31	2016	
		DUE DATE			04
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

FOR OFFICIAL USE ONLY Rec'd _____ Ck. No. _____ Amount _____ Posted _____ By _____ Make checks payable and mail to: Warren County Occupational License 429 E. 10th St. Suite 200 Bowling Green KY 42101 Phone Number (270) 842-5805 	1. NET Business income per Federal Tax Return 2. ADD Items not Deductible (Line F, Schedule B Below) 3. TOTAL (Line 1 Plus Line 2) 4. DEDUCT Items not subject (Line L, Schedule B) 5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4) 6. If Sch. C (line 4) is used enter here AVERAGE PERCENTAGE 7. NET PROFITS subject to License Fee (Line 5 x Line 6) 8. Prior year adjustments 9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE" 10. License Fee - 1.0000% of line 9 11. Interest - 12.00 % annual percentage rate 12. Penalty - 5.00 % per month or portion of month. 13. Total (Lines 10+11+12) 14. Less Credits - () ESTIMATE () OTHER 15. BALANCE DUE (Line 13 less Line 14) pay this amount 16. If estimate overpaid Indicate () Refund or () Credit
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SCHEDULE B

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

ITEMS NOT DEDUCTIBLE - ADD 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)		ITEMS NOT SUBJECT - DEDUCT 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.

ALLOCATION FACTORS			
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