

Warren County Occupational License NET PROFITS LICENSE FEE RETURN

Name and Address of Business _____

Phone Number _____

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

ACCOUNT NO.
00001

OFFICE HOURS:
 8:00 - 4:00
 MON - FRI

TELEPHONE
 (270) 842-5805

CALENDAR/FISCAL YEAR ENDED

MONTH	DAY	YEAR
		2020
DUE DATE		

Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)

Federal ID No. _____

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 _____	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
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 	

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) _____



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 3		

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