

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. _____ | CALENDAR/FISCAL YEAR ENDED | | | | | | | | |
|---|---|---|-------|-------|------|------|----|------|----------|--|
| | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">MONTH</th> <th style="width: 33%;">DAY</th> <th style="width: 33%;">YEAR</th> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2023</td> </tr> </table> | MONTH | DAY | YEAR | 12 | 31 | 2023 | DUE DATE | |
| | MONTH | DAY | YEAR | | | | | | | |
| | 12 | 31 | 2023 | | | | | | | |
| OFFICE HOURS: 8:00 - 4:00 MON - FRI | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">MONTH</th> <th style="width: 33%;">DAY</th> <th style="width: 33%;">YEAR</th> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">14</td> <td style="text-align: center;">2024</td> </tr> </table> | | | MONTH | DAY | YEAR | 04 | 14 | 2024 | |
| MONTH | DAY | YEAR | | | | | | | | |
| 04 | 14 | 2024 | | | | | | | | |
| TELEPHONE (270) 842-5805 | 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

| | |
|---|---|
| <p style="text-align: center;">FOR OFFICIAL USE ONLY</p> Rec'd _____ Ck. No. _____ Amount _____ Posted _____ By _____ | <ol style="list-style-type: none"> 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 |
| <p style="text-align: center;">Make checks payable and mail to:</p> <p style="text-align: center;">Warren County Occupational License</p> <p style="text-align: center;">429 E. 10TH ST. STE 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;">ITEMS NOT DEDUCTIBLE - ADD</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) | | <p style="text-align: center;">ITEMS NOT SUBJECT - DEDUCT</p> 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 6 | | | |

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____ Title _____ Date _____