



Warren County Treasurer
429 East 10th Street, Suite 200
Bowling Green, KY 42101

Phone 270-843-5805 Fax 270-842-2400

OCCUPATIONAL BUSINESS LICENSE- NET PROFIT RETURN

Name and Address of Business _____ Phone # _____	Account No: _____ Federal ID No: _____ SSN: _____ Tax Year Being Reported: _____ Due Date-on or before April 15 th or withing 105 days of end of fiscal year. Attach a copy of Federal Tax Return used as a basis of License Fee, (Schedule A line 1)
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Indicate any name or address change above. Mail return with proper attachments and payments to the address above.

1. Nature of Business _____ Start Date _____
2. Business dissolution date _____ Sold Date _____ (if by sale, give name and address of new owner)
3. Did you have employees in Warren County? Yes _____ No _____ (if not W2 wages, include copies of 1099's)
4. Business Entity Type: C-Corp _____ S-Corp _____ Partnership _____ Individual _____ LLC _____ Other _____

Schedule A

- | | |
|---|-----------|
| 1. Net Business Income per Federal Tax Return (Attach Schedules)..... | 1. _____ |
| 2. ADD Items not Deductible (Line F, Schedule B Below)..... | 2. _____ |
| 3. TOTAL (Line 1 plus Line 2)..... | 3. _____ |
| 4. DEDUCT items not subject (Line L, Schedule B)..... | 4. _____ |
| 5. ADJUSTED Net Business Income (line 3 less line4)..... | 5. _____ |
| 6. If Sch C (Line 4 below) is used enter Average Percentage here..... | 6. _____ |
| 7. NET PROFIT subject to License Fee (Line 5 X Line 6)..... | 7. _____ |
| 8. Prior year adjustments..... | 8. _____ |
| 9. ADJUSTED Net Profit (Line 7 less Line 8) if less than zero enter NONE..... | 9. _____ |
| 10. License Fee 1.000% of Line 9..... | 10. _____ |
| 11. Interest 12% annual percentage rate..... | 11. _____ |
| 12. Penalty 5% per month or portion of month (\$25.00 Minimum, 25% Maximum)..... | 12. _____ |
| 13. TOTAL (Lines 10 , 11 and 12)..... | 13. _____ |
| 14. Less Credits () Estimate () Other..... | 14. _____ |
| 15. TOTAL AMOUNT DUE (Line 13 less Line 14) pay this amount..... | 15. _____ |
| 16. Overpayment Indicate () Refund or () Credit to next year..... | 16. _____ |

Schedule B

Note: Add and/or Deduct only those items which are included in calculating one income per Federal Return

ITEMS NOT DEDUCTIBLE- ADD

ITEMS NOT SUBJECT- DEDUCT

A. State or Local taxes based on income	G. Interest	
B. Capital Gain	H. Royalties on Patents, Copyrights	
C.		
D. Net Operating Loss Deduction	I. Dividends	
E. Partner's Salaries (Attach schedule)	J. Capital Loss	
F. Other Items (List)	K. Other (Attach schedule)	
G. TOTAL ADDITIONS (Enter on line 2)	L. TOTAL DEDUCTIONS (Enter on line 4)	

Schedule C

Allocation Factors

1. Total Gross Business Receipts
2. Total Wages, Salaries and Other Compensation Paid to Employees
3. **TOTAL PERCENTAGES**
4. **AVERAGE PERCENTAGE** (Line 3 divided by number of percents) Enter on Line 6

Warren County Total Everywhere A/B=C

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

Signed _____ Title _____ Date _____
 Email _____ Phone _____