**Warren County Treasurer**
**429 East 10th Street, Suite 200**
**Bowling Green, KY 42101**
**Phone 270-842-5805 Fax 270-842-2400**

# OCCUPATIONAL BUSINESS LICENSE- NET PROFIT RETURN

| Name and Address of Business | Phone # | Account No:<br>Federal ID No:<br>SSN:<br>Tax Year Being Reported: _____<br><br>Due Date-on or before April 15th 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) |
|---|---|---|

**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** | Warren County | Total Everywhere | A/B=C |
|---|---|---|---|
| 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 | | | |

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

Signed_____ Title_____ Date_____

Email_____ Phone _____