

FRANKLIN COUNTY NET PROFITS LICENSE FEE RETURN

ACCOUNTING

YEAR ENDED

PIDN

QUESTIONS (ALL QUESTIONS MUST BE ANSWERED FULLY)

1. Nature of Business _____
2. Federal ID or Social Security Number _____
3. If organization was discontinued, state when _____
dissolution _____ or sale of _____ if by sale, give name and address of successor _____
4. Did you have employees in Franklin County during year? Yes _____ No _____
5. Has Franklin County License Fee been withheld from all subject employees, and remitted quarterly in accordance with the regulations? Yes _____ No _____ If answer is "No" explain _____
6. Check which: _____ Corporation _____ Sub-Chapter S _____ Partnership _____ Individual Owner _____ Fiduciary _____ Other (state) _____
7. On which the return is prepared - Cash _____ Accrual _____
8. Have a Federal authorities changed the net income as originally reported for any prior year? Yes _____ No _____
If answer is "Yes" attach a schedule of changes for each year
9. Telephone Number _____
10. Principal Business Code _____

Name and Address of Business

PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE

SCHEDULE A

1. Total Gross income per Federal Return, Form _____ (see attached copy)	\$ _____
2. Total Business Deductions per Federal Return.....	\$ _____
3. Net Business income per Federal Return.....	\$ _____
4. ADD items not deductible (Line F, Schedule B).....	\$ _____
5. Total (Line 3 plus Line 4).....	\$ _____
6. DEDUCT items not subject (Line L, Schedule B).....	\$ _____
7. ADJUST NET BUSINESS INCOME (Line 5 less Line 6).....	\$ _____
8. If Schedule C (Line 4) is used enter here AVERAGE PERCENTAGE.....	_____ %
9. NET PROFITS subject to Franklin County License Fee (Line 7 x Line 8)..	\$ _____
10. License Fee = greater of 1% of Line 9 or \$40 minimum.....	\$ _____
11. Less Estimated Payment(s)	\$ _____
12. Balance (Line 10 minus Line 11)	\$ _____
13. PENALTY - 5% per month or portion of month, not to exceed 25%. Minimum Penalty \$25.00 Date ____/____/____	\$ _____
14. Interest of 1% per month or portion of month	\$ _____
15. Available Credit from previous Over Payment.	\$ _____
16. Total due (Line 12 plus Line 13 plus Line 14 minus Line 15)	\$ _____

*** YOU MUST ENCLOSE ONE COPY OF FEDERAL RETURN AS APPLICABLE**
WE WILL NOT BE ABLE TO PROCESS YOUR NET PROFIT RETURN WITHOUT A COPY OF THE FEDERAL INCOME TAX RETURN

MAKE PAYABLE TO:
FRANKLIN COUNTY TREASURER

MAIL TO:
**FRANKLIN COUNTY
OCCUPATIONAL TAX COLLECTOR
P.O. BOX 594
FRANKFORT, KENTUCKY 40602
(502) 875-8709**

SCHEDULE B

NOTE: ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME FOR FEDERAL RETURN

ADD ITEMS NOT DEDUCTIBLE

A. State or Local taxes based on income.....	\$ _____
B. License Fee under this ordinance.....	\$ _____
C. Net Operating Loss Deduction.....	\$ _____
D. Partner's Salaries (attach schedule).....	\$ _____
E. Other items (list).....	\$ _____
F. TOTAL ADDITIONS (enter on Line 4).....	\$ _____

DEDUCT ITEMS NOT SUBJECT

G. Interest on Corporate Bonds.....	\$ _____
H. Interest on U.S. Government Securities.....	\$ _____
I. Royalties on Patents, Copyrights.....	\$ _____
J. Dividends.....	\$ _____
K. Other - e.g., Alcoholic Bev Net, etc.....	\$ _____
(Attach Schedule)	
L. TOTAL DEDUCTIONS (enter on Line6)..	\$ _____

SCHEDULE C

BUSINESS ALLOCATION PERCENTAGE - DIVIDE (COL. A) by (COL. B) to obtain decimal. Carry out at least 6 places.

Allocation Factors

	Column A Franklin CTY. Factor	Column B Total Factor	Column C Percentage
1.Total Gross Business Receipts (see attached)	\$ _____	\$ _____	%
2.Total Wages, Salaries, and Other Personal Service Compensation Paid to Employees	\$ _____	\$ _____	%
3.TOTAL PERCENTS			%
4.AVERAGE PERCENTAGE (Line 3 divided by number of percents)		Enter on Line 8.....	%

I hereby certify that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.

**RETURN MUST
BE SIGNED**

Signature of Individual Preparing Return

Signature of Taxpayer

Date

This return must be filed and paid in full on or before **APRIL 15**, or within 105 days after close of fiscal year, sale, liquidation, or transfer.

****MAIL IN A COPY OF STATE OR FEDERAL REQUEST FOR EXTENSION OF TIME****
PLEASE MAKE A COPY OF THIS RETURN FOR YOUR RECORDS