



# METCALFE COUNTY NET PROFITS LICENSE TAX RETURN

Name and Address of Business       Phone Number <input style="width: 150px;" type="text"/> INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. <input style="width: 100px; height: 20px;" type="text"/>	CALENDAR/FISCAL YEAR ENDED <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>			MONTH	DAY	YEAR			
	MONTH	DAY	YEAR							
	OFFICE HOURS: 8:00 - 4:00 MONDAY - FRIDAY		DUE DATE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>							
TELEPHONE (270) 432-3181 FAX (270) 432-3726		Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1) Federal ID No.								
<b>QUESTIONS (ANSWER IN FULL)</b> 1. Nature of Business _____ 2. Date Business Started in This County _____ 3. If Business was Discontinued, State When _____ Dissolution <input type="checkbox"/> or Sale <input type="checkbox"/> If by sale, give Name and Address of successor		4. Did you have employees in This County? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Basis upon which tax return is prepared <input type="checkbox"/> Cash <input type="checkbox"/> Accrual 6. Business Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Prop. <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other (Specify) _____ 7. Has the IRS changed the Net Income as originally reported for any prior year? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Schedule of Changes for each year)								

## SCHEDULE A

<b>FOR OFFICIAL USE ONLY</b>  Rec'd _____ Ck. No. _____ Amount _____ Posted _____ By _____	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 J, 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 - <b>1.0000%</b> of line 9 11. Interest - <b>1%</b> per month or portion of month. 12. Penalty - (per month) 5.00% not to exceed 25.00% but not less than \$25 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </table>																																																												
<b>Make checks payable and mail to:</b> <b>METCALFE COUNTY</b> <b>TREASURER</b> PO BOX 149 EDMONTON KY 42129 Phone Number (270) 432-3181 																																																														

## SCHEDULE B

NOTE: ADD AND OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING 1 INCOME PER FEDERAL RETURN

ITEMS NOT DEDUCTIBLE - ADD	ITEMS NOT SUBJECT - DEDUCT
A. State or Local taxes based on income B. Capital Gain (50) subject C. Net operating Loss Deduction D. TOTAL ADDITIONS (enter on line 4) E. TOTAL ADDITIONS (enter on line 4) F. TOTAL ADDITIONS (enter on line 4)	G. Interest H. Royalties on Patents, Copyrights I. Dividends J. Capital Loss (50% deductible) K. Other (attach schedule) L. TOTAL DEDUCTIONS (enter on line 6)

## SCHEDULE C

Business Allocation percentage-Divide (Col. B) to obtain decimal Carry out at least 6 places.

ALLOCATION FACTORS	Metcalfe Co	Elsewhere	% [A - B]
1. Total Gross Business Receipts			
2. Total Wages, Salaries and Other Personal Service			
3. TOTAL PERCENTS .....			
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....Enter of line 8			

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

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

HIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEA