

METCALFE COUNTY NET PROFITS LICENSE TAX RETURN

Name and Address of Business Phone Number () - INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. _____	CALENDAR/FISCAL YEAR ENDED	
		MONTH DAY YEAR	
	OFFICE HOURS: 8:00 - 4:00 MONDAY - FRIDAY TELEPHONE (270) 432-3181	DUE DATE _____	

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 This 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 This 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; font-weight: bold; font-size: small;">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 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 - 1.0000% of line 9 11. Interest - 10.00 % per month or portion of month. 12. Penalty - 2.00 % 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
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Make checks payable and mail to:
METCALFE COUNTY
TREASURER
 PO BOX 149
 EDMONTON KY 42129-0149
 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

<p style="text-align: center; font-weight: bold;">ITEMS NOT DEDUCTIBLE - ADD</p> <p>A. State or Local taxes based on income _____</p> <p>B. Capital Gain (50) subject _____</p> <p>C. Net operating Loss Deduction _____</p> <p>D. TOTAL ADDITIONS (enter on line 4) _____</p> <p>E. TOTAL ADDITIONS (enter on line 4) _____</p> <p>F. TOTAL ADDITIONS (enter on line 4) _____</p>	<p style="text-align: center; font-weight: bold;">ITEMS NOT SUBJECT - DEDUCT</p> <p>G. Interest _____</p> <p>H. Royalties on Patents, Copyrights _____</p> <p>I. Dividends _____</p> <p>J. Capital Loss (50% deductible) _____</p> <p>K. Other (attach schedule) _____</p> <p>L. TOTAL DEDUCTIONS (enter on line 6) _____</p>
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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 3			

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 YEAR