CITY OF SCOTTSVILLE
NET PROFITS LICENSE FEE RETURN

Name and Address of Business

Phone Number

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

ACCOUNT NO.

OFFICE HOURS:
8:00 - 4:30
MONDAY - FRIDAY
TELEPHONE
(270) 237-4472

CALENDAR/FISCAL YEAR ENDED

MONTH	DAY	YEAR
12	31	

DUE DATE

04	16	

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 Scottsville _____
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 Scottsville? ☐ 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

FOR OFFICIAL USE ONLY

Rec'd _____

Ck. No. _____

Amount _____

Posted _____

By _____

CITY OF SCOTTSVILLE

201 W. MAIN ST.
SCOTTSVILLE KY 42164
Phone Number (270) 237-4472

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 L, 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 - 1.5000% of line 9		
11. Interest - 12.00 % per annum.		
12. Penalty - 5.00 % per month. (Minimum $25, Maximum 25%)		
13. Total (Lines 10+11+12) MINIMUM $30		
14. Less Credits-( )$30 BUSINESS LICENSE ( )ESTIMATE ( )OTHER		
15. BALANCE DUE (Line 13 less Line 14) pay this amount		
16. If estimate overpaid Indicate ( ) Refund or ( ) Credit		

SCHEDULE B

ITEMS NOT DEDUCTIBLE - ADD		ITEMS NOT SUBJECT - DEDUCT	
A. State or Local taxes based on income		G. Interest	
B. Capital Gain (50% subject)		H. Royalties on Patents, Copyrights	
C. Net operating Loss Deduction		I. Dividends	
D. ADDITIONS		J. Capital Loss (50% deductible)	
E. ADDITIONS		K. Other (attach schedule)	
F. TOTAL ADDITIONS (enter on line 2)		L. TOTAL DEDUCTIONS (enter on line 4)	

SCHEDULE C

ALLOCATON FACTORS	A-SCOTTSVILLE	B-EVERYWHERE	C-PERCENTAGE (A/B)
1. Total Gross Business Receipts			
2. Total Wages, Salaries and Other Personal Service Compensation Paid to Employees			
3. TOTAL PERCENTS			
4. AVERAGE PERCENTAGE (Line 3 divided by number of applicable percents).....Enter on line 6			

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

Signed _____ Title _____ Date _____

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