



CAMPBELLSVILLE

Occupational Tax

CAMPBELLSVILLE OCC TAX OFFICE NET PROFIT LICENSE FEE RETURN

☐ Amended

☐ Final Return

Account No. _____

BUSINESS / INDIVIDUAL

DBA

MAILING ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

PHONE

FAX / EMAIL

NATURE OF BUSINESS

FOR YEAR ENDED
DUE DATE
15th day of the fourth month following close of the year.
Federal ID or Social Security No.

SCHEDULE A

FOR OFFICIAL USE ONLY

1. Enter NET PROFIT Calculation from line 16, second page)

2. Allocation Percentage from below Schedule B

3. NET PROFIT Allocation Line 1 times Line 2

BRING NUMBER DOWN TO NEXT LINE

4. Campbellsville Net Profit

Multiply line 4 by line 5

5. License Fee - 1.5 %

6. Penalty - 5% Per Month 25% MAX \$25 MIN.

7. Interest - 1% Per Month

8. Total (Lines 5 + 6 + 7)

9. Less Credits - () ESTIMATE () OTHER

10. BALANCE DUE (Line 8 less Line 9) pay this amount

11. If estimate overpaid Indicate () Refund or () Credit

Make checks payable and mail to:

CAMPBELLSVILLE OCC TAX OFFICE

203 NORTH COURT STREET, SUITE 10

CAMPBELLSVILLE KY 42718

Phone: (270) 465-9760

occtax@taylorcounty.us

SCHEDULE B

NOTE: BUSINESS ALLOCATION

ALL PERCENTAGES IN COLUMN C SHOULD BE CARRIED OUT 5 DECIMAL PLACES

IF BOTH A PAYROLL FACTOR AND SALES FACTOR THEN DIVIDE BY 2, ONLY PAYROLL FACTOR OR SALES FACTOR THEN ENTER PERCENTAGE ON LINE 2

ALLOCATION FACTORS

	A. Campbellsville	B. ALL Locations	C.Divide A/B = C
1. PAYROLL FACTOR (Compensation to employees)			
2. SALES FACTOR Receipts from sales, lease of goods, services/property			
3. TOTAL PERCENTS			
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....Enter on line 2 ABOVE			

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

Authorized Signature:

Title:

Date:

COMPLETE THE APPLICABLE COLUMN BELOW AND ATTACH FEDERAL SCHEDULES**INDIVIDUAL PARTNERSHIP CORPORATION**

1. Non-employee compensation reported as “other income” on Federal 1040 (Attach Page 1 of Form 1040 and Form 1099 if applicable)			
2. Net profit per EACH Federal Schedule C, E, and/or F (If reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules.) IF LOSS PUT (0).	C _____ E _____ F _____		
3. Capital gain from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach supporting forms listed)			
4. Ordinary gain or (loss) on the sale of property used for trade or business per Federal Form 4797 (Attach supporting forms listed)			
5. Ordinary income or (loss) per Federal Form 1065 (Attach Form, Schedule of Other Deductions, and Rental Schedules, if applicable)			
6. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Forms listed. (Attach Form, Schedule of Other Deductions, and Rental Schedules, if applicable.)			
7. State income taxes and occupational license taxes based upon income deducted on Federal Schedule C, E, F or Form 1065, 1120, 1120A or 1120S			
8. Additions from Schedule K or Form 1065 or Form 1120S (Attach Schedule K or Form 1065 or 1120S and Rental Schedules, if applicable)			
9. Net Operating Loss deducted on Form 1120			
10. TOTAL INCOME---- ADD LINE 1 THROUGH LINE 9			
11. SUBTRACTIONS from Schedule K or Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedules, if applies)			
12. Other Adjustments (Attach Schedule, Senior Citizens \$2,000 Discount – only one discount per return)			
13. Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)			
14. Alcoholic Beverage Sales Deduction NET (attach schedule)			
15. TOTAL DEDUCTIONS – ADD LINES 11 --- LINE 14			
16. ADJUSTED NET PROFIT – SUBTRACT LINE 15 FROM LINE 10 *****TRANSFER THIS NUMBER TO LINE 1 OF SCHEDULE A -- PAGE ONE			