



# CAMPBELLSVILLE Occupational Tax

**CAMPBELLSVILLE OCC TAX OFFICE  
NET PROFIT LICENSE FEE RETURN**

Amended

### *Final Return*

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

## **BUSINESS / INDIVIDUAL**

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DBA

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**MAILING ADDRESS**

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**STREET ADDRESS**

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**CITY** **STATE** **ZIP**

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**PHONE** **FAX / EMAIL**

## **NATURE OF BUSINESS**

## 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](mailto: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*

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**Authorized Signature:**

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**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 <b>EACH</b> 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			
<b>10. TOTAL INCOME----ADD LINE 1 THROUGH LINE 9</b>			
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. <b>Alcoholic Beverage Sales Deduction NET (attach schedule)</b>			
<b>15. TOTAL DEDUCTIONS – ADD LINES 11 --- LINE 14</b>			
<b>16. ADJUSTED NET PROFIT – SUBTRACT LINE 15 FROM LINE 10 ****TRANSFER THIS NUMBER TO LINE 1 OF SCHEDULE A -- PAGE ONE</b>			