

Campbellsville Tax Office
 203 North Court Street
 Suite 10
 Campbellsville, KY 42718

Campbellsville Tax Office
NET PROFIT LICENSE FEE RETURN

Account No. _____

BUSINESS NAME

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

STREET ADDRESS

 CITY STATE ZIP

PHONE

TRADE NAME, if any:

NATURE OF BUSINESS

ATTACH A COPY OF THE
 APPLICABLE FEDERAL
 RETURN OR SCHEDULE:

FED. SCH. C or E (1040)
 FED. 1041, 1065 or 1120

Please note: Federal return
 should include Cost of Goods
 Sold Schedule and/or Other
 Schedule

ALL 1099 FORMS
 ISSUED MUST BE
 ATTACHED.

1.	Net Profit/Income per attached Federal Return	
2.	Campbellsville Percentage (From Schedule A)	
3.	Net Profit/Income within Campbellsville (Line 1 x Line 2)	
4.	License Fee Due (1% of Line 3)	
5.	Annual Business License Fee	
6.	Enter the larger of Line 4 or Line 5	
7.	Total Estimated Payments (including annual business license fee) and applicable credits due	
8.	Total or Credit Due (Line 6 minus Line 7)	
9.	Penalty (1% with a \$25 minimum)	
10.	Interest (1% with a 12% minimum)	
11.	Total Amount Due (add Lines 8, 9, and 10)	

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: _____

FOR INTERNAL USE ONLY

Reconciled By: _____ Date: _____

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Account No. Federal ID/SSN Business Name

SCHEDULE A

COMPUTATION OF PERCENTAGE OF NET PROFITS SUBJECT TO LICENSE FEE			
ALLOCATION FACTOR	(A) Campbellsville FACTOR	(B) TOTAL EVERYWHERE	(C) Campbellsville PERCENTAGE
1. Gross Sales or Receipts			