

Authorized Signature:

CAMPBELLSVILLE OCC TAX OFFICE NET PROFIT LICENSE FEE RETURN

,		No Activity	Final Re	eturn		
Account No.	BUSINESS / INDIVIDU	JAL				
FOR YEAR ENDED	DBA					
DUE DATE	MAILING ADDRESS STREET ADDRESS					
15th day of the fourth month following close of the						
year. Federal ID or Social	CITY STATE ZIP					
Security No.	PHONE		FAX / EMAIL			
	NATURE OF BUSINES	iS .				
	SCHED	ULE 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. Taylor County Net Profit					
Mala abada a a a bada a a da a da a da a	Multiply line 4 by line 5 5. License Fee - 1 % O	R .01				
Make checks payable and mail to: CAMPBELLSVILLE OCC TAX OFFICE	6. Penalty - 5% Per Month 25% MAX \$25 MIN. 7. Interest - 1% Per Month					
203 NORTH COURT STREET, SUITE 10 CAMPBELLSVILLE KY 42718	8. Total (Lines 5 + 6 + 7) 9. Less Credits - () ESTIMATE () OTHER					
Phone: (270) 465-9760 occtax@taylorcounty.us	10. BALANCE DUE (Line 811. If estimate overpaid Ind					
NOTE: BUSINESS ALLOC	SCHED ATION ALL PERCENTAGES		OULD BE CARRIED OUT	5 DECIMAL PLACES		
IF BOTH A PAYROLL FACTOR AND SALES	S FACTOR THEN DIVIDE BY 2, ONLY	PAYROLL FACTOR	R OR SALES FACTOR THE	N ENTER PERCENTAGE	ON LINE 2	
	ALLOCATO	N FACTO	RS	,		
			A. Campbellsville	B. ALL Locations	C.Divide A/B = C	
1. PAYROLL FACTOR (Compensation to e						
2. SALES FACTOR Receipts from sales, le						
3. TOTAL PERCENTS				on line 2 ABOVE		
I certify that the statements made here					t of my know	

Title:

Date:

COMPLETE THE APPLICABLE COLUMN BELOW AND ATTACH FEDERAL SCHEDULES

INDIVIDUAL PARTNERSHIP CORPORATION

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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	C	
(If reporting more than one schedule, losses incurred on	Г	
any schedule cannot be netted against the other schedules.)	E	
IF LOSS PUT (0).	F	
2 C '41 ' C E 1 1E 4707 E 1 1E		
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 INCOMEADD LINE 1 THROUGH LINE 9		
10. TO THE INCOME MADE ENVE I THROUGH EINE		
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		
LINE I OF SCHEDULE A I AGE ONE		