

TAYLOR COUNTY OCC TAX OFFICE

NET PROFIT LICENSE FEE RETURN

No Activity

Final Return

Account No.			
	BUSINESS / INDIVIDU	AL	
FOR YEAR ENDED	DBA		
	DBA		
	MAILING ADDRESS		
DUE DATE			
15th day of the fourth month	STREET ADDRESS		
following close of the year.	CITY	STATE	ZIP
Federal ID or Social			
Security No.	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. Taylor County Net Profit			
	Multiply line 4 by line 5			
Make checks payable and mail to:	5. License Fee - 1 % OR .01			
	6. Penalty - 5% Per Month 25% MAX \$25 MIN.			
TAYLOR COUNTY OCC TAX OFFICE	7. Interest - 1% Per Month			
203 NORTH COURT STREET, SUITE 10	8. Total (Lines 5 + 6 + 7)			
CAMPBELLSVILLE KY 42718	9. Less Credits - () ESTIMATE () OTHER			
Phone: (270) 465-9760	10. BALANCE DUE (Line 8 less Line 9) pay this amount			
occtax@taylorcounty.us	11. If estimate overpaid Indicate () Refund or () Credit			

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

ALLOCATON FACTORS

	A. Taylor County	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

COMPLETE THE APPLICABLE COLUMN BELOW AND ATTACH FEDERAL SCHEDULES				
1 No	INDIVIDUAL PAI	KTNERSHIP CO	URPORATION	
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	С			
(If reporting more than one schedule, losses incurred on				
any schedule cannot be netted against the other schedules.)	E			
IF LOSS PUT (0).	F			
	Γ			
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				
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				
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