

-LICENSE FEE DIVISION____
NET PROFITS LICENSE FEE RETURN
QUESTIONS [ANSWER FULLY]

Soc. Sec. No. or Federal Identification No. _____

Name and address _____
of business: _____

2. Date Business was started _____
3. If Organization was discontinued, state when _____
Dissolution or Sale , if by Sale, Give Name and Address of
successor _____
4. Did you have any employees in ____? Yes No
5. Has employers' license fee been withheld from all subject
employees, and remitted quarterly in accordance with the
regulations? Yes No If answer is "No" Explain: _____
6. Nature of Business _____

6. Check which: Corporation, Partnership, Individual owner,
 Fiduciary, Other (State) _____
7. Basis on which this Return is prepared - Cash Accrual
8. Did you pay a Business Minimum License Fee
For _____ Yes No
9. List additional places of business operated subject to
License fee _____

Calendar Year _____

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNERSHIP.

SCHEDULE A

FISCAL YEAR ENDED

MO.	DAY	YEAR

1. Total Gross Income per
Federal Return 1040 _____ 1065 _____
1041 _____ 1120 _____
2. Total deductions per Federal Return _____
3. Net income per Federal Return _____
(Enclose one copy of the above form)
4. Add items not deductible (Line G, Schedule B) _____
5. Total (Line 3 plus line 4) _____
6. Deduct items not subject (Line N, Schedule B) _____
7. **ADJUSTED NET INCOME** (Line 5 less Line 6) _____
8. If Schedule C (Line 4) is used enter here **AVERAGE PERCENTAGE** .. _____ %
9. Net Profits or wages subject to License Fee (Line 7 X Line 8)
- (DO NOT WRITE IN THIS SPACE)

MAKE CHECK PAYABLE TO:
CITY OF JACKSON
Mail To: 333 BROADWAY
JACKSON, KY 41339

10. License Fee 2 % of amount on line 9 _____
Less credits- _____
11. Minimum Fee \$ _____ Initial \$ _____
12. Total (Line 10 less line 11)
13. Interest - _____
14. Penalty - _____
15. Balance Due (Line 12 plus 13 plus 14) **PAY THIS AMOUNT**

SCHEDULE B

NOTE: ADD AND OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN
CALCULATING NEW INCOME PER KENTUCKY RETURN

ITEMS NOT DEDUCTIBLE - ADD

- A. State or Local taxes based on income
- B. License Fee under this Ordinance
- C. Capital Loss ()
- D. Net Operating Loss Deduction
- E. Partners' Salaries (attach schedule)
- F. Other items (Misc. Income) (List)
- G. **TOTAL ADDITIONS** (enter on Line 4)

ITEMS NOT SUBJECT - DEDUCT

- H. Interest on Corporate Bonds
- I. Interest on U.S. Government Securities
- J. Royalties on Patents, Copyrights.
- K. Dividends
- L. Capital Gain ()
- M. Other Items (List)
- N. **TOTAL DEDUCTIONS** (enter on Line 6)

SCHEDULE C Business Allocation Percentage. Divide [Col. A] by [Col. B] to obtain decimal. Carry out at least 6 places

ALLOCATION FACTORS	COL. A FACTOR	COL. B TOTAL FACTOR	COL. C PERCENTAGE
1. (A) Gross sales of merchandise, less returns and allowances (B) Charges for work or services performed (C) TOTAL BUSINESS RECEIPTS FACTOR (add lines 1 (A) & 1 (B))			
2. TOTAL WAGES, SALARIES AND OTHER PERSONAL SERVICE COMPENSATION PAID TO EMPLOYEES			
3. TOTAL PERCENTS.			%
4. AVERAGE PERCENTAGE (line 3 divided by numbers of percents) Enter on Line 8			%

I Hereby Certify that the Statements Made Herein and in Any Supporting Schedules are True, Correct, and Complete to the Best of My Knowledge

**RETURN MUST
BE SIGNED**

SIGNATURE OF INDIVIDUAL PREPARING RETURN _____ DATE _____

SIGNATURE OF TAXPAYER _____ DATE _____

THIS RETURN MUST BE FILED AND PAID IN FULL ON OR BEFORE APRIL 15, OR WITHIN 105 DAYS AFTER CLOSE OF FISCAL YEAR.G1.00.01

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