-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_____

FISCAL YEAR ENDED

MO.	DAY	YEAR

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNERSHIP.

SCHEDULE A

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 1.5 % 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 PREPAREING RETURN DATE → SIGNATRUE 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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