

# NET PROFITS LICENSE FEE RETURN

Name and Address of Business \_\_\_\_\_

Phone Number \_\_\_\_\_

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

ACCOUNT NO. \_\_\_\_\_

OFFICE HOURS:  
9:00 - 4:30  
MON - FRI

TELEPHONE  
(270) 265-9966  
Ext 227

CALENDAR/FISCAL YEAR ENDED

MONTH	DAY	YEAR

DUE DATE \_\_\_\_\_

Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)

Federal ID No. \_\_\_\_\_

**QUESTIONS (ANSWER IN FULL)**

1. Nature of Business \_\_\_\_\_

2. Date Business Started in Todd County \_\_\_\_\_

3. If Business was Discontinued, State When \_\_\_\_\_  
Dissolution  or Sale  If by sale, give Name and Address of successor \_\_\_\_\_

4. Did you have employees in Todd County?  Yes  No

5. Basis upon which tax return is prepared  Cash  Accrual

6. Business Type:  C-Corp  S-Corp  Partnership  Sole-Prop.  
 Fiduciary  Other (Specify) \_\_\_\_\_

7. Has the IRS changed the Net Income as originally reported for any prior year?  No  Yes (Attach Schedule of Changes for each year)

## SCHEDULE A

**PREPARER USE ONLY**

Firm Name and Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preparer Signature: \_\_\_\_\_

Make checks payable and mail to:  
**TODD COUNTY TREASURER**  
PO BOX 310  
ELKTON KY 42220  
Phone Number (270) 265-9966

1. Total Gross Receipts/Income in Todd County (Business income, Farm Income, Rental Income, ect)	
2. Total Expenses in Todd County	
3. Net Profit in Todd County (Line 1 Less Line 2)	
4. ADJUSTED NET BUSINESS INCOME (1% Line 3 )Amount Due (Maximum is \$500)	
5. Prior year adjustments (Must Attach Proof of Prior Payment)	
6. ADJUSTED NET PROFITS (4) if less than "25" enter "\$25" as minimum payment:	
7. Interest - 12.00 % per month or portion of month.	
8. Penalty - 5.00 % per month or portion of month.	
9. Total (License Fee)+Interest+Penalty, if after original due date	
10. If estimate overpaid; Indicate ( ) Refund or ( ) Credit	

**MUST ATTACH APPLICABLE FEDERAL SCHEDULES TO THIS RETURN- NO EXCEPTIONS**

## SCHEDULE B

NOTE: ADD AND OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING 1 INCOME PER FEDERAL RETURN

**ITEMS NOT DEDUCTIBLE - ADD**

A. State or Local taxes based on income \_\_\_\_\_

B. Capital Gain (50) subject \_\_\_\_\_

C. Net operating Loss Deduction \_\_\_\_\_

D. TOTAL ADDITIONS (enter on line 4) \_\_\_\_\_

E. TOTAL ADDITIONS (enter on line 4) \_\_\_\_\_

F. TOTAL ADDITIONS (enter on line 4) \_\_\_\_\_



**ITEMS NOT SUBJECT - DEDUCT**

G. Interest \_\_\_\_\_

H. Royalties on Patents, Copyrights \_\_\_\_\_

I. Dividends \_\_\_\_\_

J. Capital Loss (50% deductible) \_\_\_\_\_

K. Other (attach schedule) \_\_\_\_\_

L. TOTAL DEDUCTIONS (enter on line 6) \_\_\_\_\_

## SCHEDULE C

Business Allocation percentage-Divide (Col. B) to obtain decimal Carry out at least 6 places.

**ALLOCATION FACTORS**

1. Total Gross Business Receipts (see reverse side)		
2. Total Wages, Salaries and Other Personal Service Compensation Paid to Employees		
3. TOTAL PERCENTS .....		
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....		Enter of line 8

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR

SCNP-A Rev. 1/1/2001