


TODD COUNTY FISCAL COURT NET PROFITS LICENSE FEE RETURN

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

Name and Address of Business  Phone Number () INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. _____	CALENDAR/FISCAL YEAR ENDED														
	OFFICE HOURS: 8:00 - 4:30 MON - FRI TELEPHONE (270) 265-9966	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">MONTH</th> <th style="width: 33%;">DAY</th> <th style="width: 33%;">YEAR</th> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2022</td> </tr> </table>	MONTH	DAY	YEAR	12	31	2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">DUE DATE</th> </tr> <tr> <td style="width: 33%; text-align: center;">04</td> <td style="width: 33%; text-align: center;">15</td> <td style="width: 33%; text-align: center;">2023</td> </tr> </table>		DUE DATE			04	15	2023
		MONTH	DAY	YEAR												
12	31	2022														
DUE DATE																
04	15	2023														
Federal ID No. _____		Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)														

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)

TAXPAYER MUST ATTACH APPLICABLE FEDERAL SCHEDULES TO THIS RETURN - NO EXCEPTIONS .

COMPUTATION OF NET PROFIT

FOR OFFICIAL USE ONLY	
Rec'd _____	
Ck. No. _____	
Amount _____	
Posted _____	
By _____	
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, etc.)
 2. Total Expenses in Todd County
 3. Net Profit in Todd County (Line 1 Less Line 2)
 4. Amount Due (1% of Line 3) (Maximum is \$500.00)
 5. Occupational Tax (1% of Gross Wages) (Applicable If Not Paid on a Quarterly Basis)
 6. Late Payment Penalty (5.00 % Per Month or Portion of Month)
 7. Late Payment Interest (12.00 % Per Annum or 1% Per Month)
 8. Credit (Prior Payment) (Must Attach Proof of Prior Payment)
 9. Total Amount Due (Line 4 Plus Line 5 Plus Line 6 Plus Line 7)
 10. If 1% of line 3 is \$25.00 or less .
- The minimum payment due is \$25.00. All license fees remaining unpaid after the original due date, will be subject to a penalty and interest of the unpaid license fees, including approved extensions.

Total Wages, Salaries and Other Personal Service Compensation Paid To Employees _____

All questions should be directed to the Todd County Tax Administrator by mail to the above address or by telephone at 270-265-9966. ext. 227. Email: apetrie@toddcogov.com

I hereby certify that the statements made here in and in any supporting documents are true, and complete to the best of my knowledge.

Signature of Taxpayer	\$ _____
Date	Amount
Preparer Use Only	Title

Preparer Use Only

Firm Name and Address: _____

Phone: _____

Date: _____ Signature of Preparer : _____