

ALLEN COUNTY, KY - OCCUPATIONAL TAX



Net Profits Occupational Tax Return

FROM BUSINESS, PROFESSION, OR OTHER ACITIVITY WITHIN ALLEN COUNTY, KY. CONDUCTED BY CORPORATIONS, PARTNERSHIPS INDIVIDUALS AND FIDUCIARIES OF ESTATES AND TRUSTS (RESIDENT OR NON-RESIDENT)

CALENDAR YEAR ENDED DECEMBER 31, 20

OR

FISCAL YEAR INDICATED BELOW

Make Checks Payable And Mail To Allen County Treasurer P.O. Box 193 Scottsville, KY 42164
Information Request Phone 270-237-3626 Fax 270-237-9155

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MO	DAY	YR

(PRINT NAME AND ADDRESS ABOVE • CHANGE IF NOT CORRECTLY SHOWN)

Give Trade Name, If Any

Nature of Business

FEDERAL IDENTIFICATION NO.

ATTACH one copy of the applicable FEDERAL FORMS AND indicate below which form(s) are attached

(NO FILING OF JOINT RETURNS)

_____ 1040 Sch C	_____ 1041	_____ 1120 S	_____ 741
_____ 1040 Sch E	_____ 1065	_____ 720	_____ 765
_____ 1040 Sch F	_____ 1120	_____ 720 S	Other Earned Income (describe)

QUESTIONS • ANSWER FULLY

- Did you have employees in Allen County during the year? Yes No
- Has Allen County License Fee been withheld from subject Employees and Remitted Quarterly in Accordance with the Regulations? Yes No
If answer is "No" Explain _____
- Check Which Corporation Sub-Chapter S Partnership Individual Owner Fiduciary Other (state) _____
- Basis on which this Return is Prepared - Cash Accrual
- Have Federal Authorities Changed the Net Income as Ordinarily Reported for Any Prior Year? Ye No
If Answer is "Yes" Attach Schedule of Changes for Each Year.

SCHEDULE A

1. Net Business Income per Federal Return	\$ _____	(Do not write in this space)
2. ADD Items not deductible (Line G, Schedule B)	_____	
3. Total (Line 1 plus Line 2)	_____	
4. DEDUCT Items not subject (Line N, Schedule B)	_____	
5. ADJUSTED BUSSINESS INCOME (Line 3 Less Line 4)	\$ _____	
6. If Sch C (Line 4) is used enter here AVERAGE PERCENTAGE	_____ %	
7. NET PROFITS Subject to Allen County Liscense Fee (Line 5 x Line 6)	\$ _____	
8. Allen County Liscense Fee at 1% (01) of Amount on Line 7	\$ _____	
9. Interest 12% (0.12) per Year	_____	
10. Penalty 10% (1.0) Per Year	_____	
11. TOTAL (Lines 8 + 9 + 10)	\$ _____	
12. Less credits • INITIAL ESTIMATE	_____	
13. BALANCE DUE • PAY THIS AMOUNT	_____	
14. OVERPAYMENT REFUND	\$ _____	
Apply to Next Year	_____	

SCHEDULE B

NOTE: ADD AND OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME

ITEMS NOT DEDUCTIBLE - ADD

- A. Federal or Local taxes based on income 28 _____ \$ _____
- B. License Fee under this Ordinance _____
- C. Ordinary Gain _____
- D. Net Operating Loss Deduction _____
- E. Partner's Salaries (attach schedule) _____
- F. Other items (list) _____
- G. TOTAL ADDITIONS (enter on Line 2) _____

ITEMS NOT SUBJECT - DEDUCT

- H. Interest on Corporate Bonds _____ \$ _____
- I. Intetest on U.S. Government Securities _____
- J. Royalties on Patents, Copyrights _____
- K. Dividends _____
- L. Ordinary Loss _____
- M. Other (attach schedule) _____
- N. TOTAL DEDUCTIONS & enter on Line 4 _____ \$ _____

SCHEDULE C

BUSINESS ALLOCATION PERCENTAGE • DIVIDE (COL. A) BY (COL. B) TO OBTAIN DECIMAL. CARRY OUT AT LEAST 6 PLACES

ALLOCATION FACTORS	Column A	Column B	Column C
	Allen County	Total Everywhere	PERCENTAGE (A / B)
1. Total Net Business Profits Per Federal Returns	\$ _____	\$ _____	
2. Total Wages, Salaries and Other Personal Service Compensation Paid to Employees	\$ _____	\$ _____	
3. TOTAL PERCENTS: Add Lines 1 & 2			_____ %
4. AVERAGE PERCENTAGE (Line 3 divided by Line 2)		Enter on Line 6	_____ %

Prepared By _____
I HEREBY CERTIFY That the statements made herin and any supporting schedule or exhibit are true, correct and complete.

CERTIFICATE

This return must be filed with full payment of the fee on or before April 15 of each year, or within 105 days of the close of your Fiscal year, with the Treasurer of Allen County, P.O. Box 193, Scottsville, KY 42164. Return even if not known of copy of extension.