

# CARROLL COUNTY FISCAL COURT NET PROFITS LICENSE FEE RETURN

Name and Address of Business     Phone Number <input style="width: 100px;" type="text"/> INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. <input style="width: 80px; height: 20px;" type="text"/>	CALENDAR/FISCAL YEAR ENDED											
	OFFICE HOURS: 8:30 - 4:30  TELEPHONE <b>(502) 732-7003</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	MONTH	DAY	YEAR				DUE DATE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				
	MONTH	DAY	YEAR										
		Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)											

<b>QUESTIONS (ANSWER IN FULL)</b> 1. Nature of Business _____ 2. Date Business Started in Carroll County _____ 3. If Business was Discontinued, State When _____ Dissolution <input type="checkbox"/> or Sale <input type="checkbox"/> If by sale, give Name and Address of successor _____	4. Did you have employees in Carroll County? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Basis upon which tax return is prepared <input type="checkbox"/> Cash <input type="checkbox"/> Accrual 6. Business Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Prop. <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other (Specify) _____ 7. Has the IRS changed the Net Income as originally reported for any prior year? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Schedule of Changes for each year)
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## SCHEDULE A

<b>FOR OFFICIAL USE ONLY</b>  Rec'd _____ Ck. No. _____ Amount _____ Posted _____ By _____	1. Total Gross Receipts per Federal Return 2. Total Business Deductions per Federal Return 3. Net Business Income per Federal Return 4. Add Items not Deductible (Line F, Schedule B below) 5. TOTAL 6. DEDUCT Items not subject (Line L, Schedule B Below) 7. ADJUSTED NET BUSINESS INCOME (Line 5 less LINE 6) 8. If Sch. C (line 4) is used enter here AVERAGE PERCENTAGE 9. NET PROFIT subject to License Fee (Line 7 x Line 8) 10. LESS \$5,000. - Net Profit Exemption 11. ADJUSTED NET PROFIT (Line 9 less Line 10) if < "0" enter NONE 12. License Fee @ <b>1.00 %</b> 13. Interest @ <b>12.00 %</b> 14. Penalty @ <b>5.00 %</b> <b>15. BALANCE DUE (Total Lines 12+13+14) pay this amount</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>																																										
Make checks payable and mail to: <b>CARROLL COUNTY OCC. TAX ADMIN.</b>  440 MAIN STREET CARROLLTON KY 41008  																																												

## SCHEDULE B

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

ITEMS NOT DEDUCTIBLE - ADD	ITEMS NOT SUBJECT - DEDUCT
A. State or Local taxes based on income B. Capital Gain (50) subject C. Net operating Loss Deduction D. Partners' Salaries (attach schedule) E. Other items (list) F. TOTAL ADDITIONS (enter on line 4)	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	Carroll Co Factor	TOTAL FACTOR	PERCENTAGE
1. Total Gross Business Receipts			
2. Total Wages, Salaries and Other Personal Service			
3. TOTAL PERCENTS .....			
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....			Enter on line 6

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