

**CITY OF CAMPBELLSVILLE, KY
NET PROFITS LICENSE FEE RETURN**

Name and Address of Business

Phone Number 2 (70) -

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

ACCOUNT NO.

OFFICE HOURS:
8:00 - 4:30
MONDAY - FRIDAY

TELEPHONE
(270) 465-9760

CALENDAR/FISCAL YEAR ENDED

MONTH	DAY	YEAR
01	01	2001

DUE DATE

01	01	2001
----	----	------

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 _____ Start Date _____

2. Principle Owner/Administrative Officer _____

3. If Business discontinued, state when _____
Dissolution or Sale Write on back Name & Address of successor


4. Did you have employees in Campbellsville, KY? Yes No

5. Check if applicable No Activity Final Return

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

FOR OFFICIAL USE ONLY			
Rec'd _____	1. Enter NET PROFIT Calculation from line 15, second page)		
Ck. No. _____	2. Allocation Percentage from below Schedule B		
Amount _____	3. NET PROFIT Allocation Line 1 times Line 2		
Posted _____	4. Taylor County Net Profit		
By _____	Multiply line 4 by line 5		
Make checks payable and mail to:	5. License Fee - 0.0000%		
OCCUPATIONAL TAX	6. Interest - 0.00 % per month or portion of month. 10/01/2009		
203 N. COURT ST., SUITE 10	7. Penalty - 0.00 % per month or portion of month.		
CAMPBELLSVILLE KY 42718	8. Total (Lines 5 + 6 + 7)		
Phone Number (270) 465-9760	9. Less Credits - () ESTIMATE () OTHER		
	10. BALANCE DUE (Line 8 less Line 9) pay this amount		
	11. If estimate overpaid Indicate () Refund or () Credit		

SCHEDULE B

NOTE: BUSINESS ALLOCATION ALL PERCENTAGES IN COLUMN C SHOULD BE CARRIED OUT 5 DECIMAL PLACES
BOTH PAYROLL FACTOR AND SALES FACTOR THEN DIVIDE BY 2, ONLY PAYROLL FACTOR OR SALES FACTOR THEN ENTER PERCENTAGE

ALLOCATION FACTORS

	A. CAMPBELLSVILLE CITY	B. ALL	C. Divide A/B = C
1. PAYROLL FACTOR (Compensation to employees)			
2. SALES FACTOR Receipts from sales, lease of goods, services/property			
3. TOTAL PERCENTS			ADD
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....			DIVIDE BY 1 OR 2

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

COMPLETE THE APPLICABLE COLUMN BELOW AND ATTACH FEDERAL SCHEDULES

INDIVIDUAL PARTNERSHIP CORPORATION

1. Non-employee compensation reported as "other income" on Federal 1040 (Attach Page 1 of Form 1040 and Form 1099 if applicable)			
2. Net profit per EACH Federal Schedule C, E, and/or F (If reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules.) IF LOSS PUT (0).	C _____ E _____ F _____		
3. Capital gain from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach supporting forms listed)			
4. Ordinary gain or (loss) on the sale of property used for trade or business per Federal Form 4797 (Attach supporting forms listed)			
5. Ordinary income or (loss) per Federal Form 1065 (Attach Form, Schedule of Other Deductions, and Rental Schedules, if applicable)			
6. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Forms listed. (Attach Form, Schedule of Other Deductions, and Rental Schedules, if applicable.)			
7. State income taxes and occupational license taxes based upon income deducted on Federal Schedule C, E, F or Form 1065, 1120, 1120A or 1120S			
8. Additions from Schedule K or Form 1065 or Form 1120S (Attach Schedule K or Form 1065 or 1120S and Rental Schedules, if applicable)			
9. Net Operating Loss deducted on Form 1120			
10. TOTAL INCOME---ADD LINE 1 THROUGH LINE 9			
11. SUBTRACTIONS from Schedule K or Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedules, if applies)			
12. Other Adjustments (Attach Schedule, Senior Citizens \$2,000 Discount – only one discount per return)			
13. Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)			
14. Alcoholic Beverage Sales Deduction NET (attach schedule)			
15. TOTAL DEDUCTIONS – ADD LINES 11 --- LINE 14			
16. ADJUSTED NET PROFIT – SUBTRACT LINE 15 FROM LINE 10 ****TRANSFER THIS NUMBER TO LINE 1 OF SCHEDULE A – PAGE ONE			

NET PROFIT LICENSE TAX RETURN

GENERAL INSTRUCTIONS:

The following instructions are provided to aid the taxpayer in the completion of Taylor County's Net Profit Form. These instructions should be used only as a supplement to the current Ordinance and state regulations.

WHO MUST FILE:

Each separate corporation, limited liability co., business development corporation, partnership, limited partnership, registered limited liability partnership, sole proprietorship, association, joint stock company, receivership, trust, professional service organization, or other legal entity engaged in a business with activity within Taylor County, which includes the municipality of Campbellsville, and/or has a sufficient nexus with Taylor County to justify the imposition of the license fee.

YOU MUST FILE EVEN IF:

Your activity resulted in a loss for the tax year, or you were not actively engaged in business, farming, or rental activity, or your business activity ceased prior to the beginning of the tax year and you have failed to file written notice, or your business was operational for a portion of the year but ceased operations during the taxing year, or you registered a new business but never transacted any business activity and do not intend to do so in the future.

TAX COMPUTATION

Line 1: Enter the amount of non-employee compensation reported on Federal Form 1099 or the amount of other income per form 1040.

Line 2: Enter the net profit as shown on Federal Schedules C, C-EZ, E, and/or F.

Line 3: Enter 100% of the short term capital gains and long term capital gains carried over from Federal Form 4797 or Federal Form 6252 (installment sales) to Federal Schedule D representing gain from the sale of property used in the trade or business.

Line 4: Enter the net gain or (loss) from the sale of property used in the trade or business per Federal Form 4797.

Line 5: Enter the ordinary income or (loss) per Federal Form 1065.

Line 6: Enter the taxable income or (loss) **AFTER** special deductions and net operating loss per Federal Form 1120 or 1120A or the ordinary income or (loss) per Federal Form 1120S.

Line 7: Enter any deduction taken for state or local taxes (based on income) or license fees (based on income) by an individual on Schedule C, E, F by a partnership on Form 1065, or by a corporation on Form 1120, 1120A or 1120S.

Line 8: Enter the total income items listed below which are allocated to the partnerships or shareholders and are not included as income on Federal Form 1065 or 1120S

Net income from rental real estate activity

Net income from other rental activities

Portfolio income

Interest income

Dividend income

Royalty income

Net short-term capital gain

Net long term capital gain

Other Portfolio income

Guaranteed pymts to partners

Net gain under Section 1231

Line 9: Enter the amount of any net operating loss if taken as a deduction on Form 1120

Line 10: Enter the total of lines 1 – 9.

Line 11: Enter the total of the items listed below which are allocated to partners or shareholders which are not included as losses or expenses on Federal Form 1065 or Form 1120S, as they are allowed as deductions for occupational tax purposes. (Schedule K, Rentals)

Net loss from rental real estate activities Net loss under Sec 1231 (other than casualty or theft)

Net loss from other rental activities

Portfolio loss

Net short-term capital loss

Net long-term capital loss

Charitable contributions

Expense deductions for recovery loss

Deductions related portfolio income

NOTE: Contributions made to any retirement plans, medical insurance premiums paid on behalf of partners or shareholders are NOT deductible.

Line 12: Other adjustments (Attach Schedule, Senior Citizens \$2,000 deduction)

Line 13: Professional expenses incurred by the partners and were NOT reimbursed by the Partnership.

Line 14: Enter the KY alcoholic beverage sales divided by total sales equal the alcoholic beverage percentage.

Line 15: Subtract Line 15 from Line 10. This entry represents your "Adjusted Net Profit" which is transferred to Line 1 page 1.

BUSINESS ALLOCATION---SCHEDULE B

Must be completed by all licensees with sales revenue and/or payroll both within and outside of Taylor County. Completion of the schedule allocates to Taylor County the proportionate part of the licensee's total business activity attributable to Taylor County. Calculations for business entities with both payroll and sales revenue in more than one tax district by multiplying the net profit by a fraction, the numerator of which is the payroll factor plus the sales factor and the denominator of which is two (2).

The payroll factor is a fraction, the numerator of which is the total paid or payable in the county (determined by time and service performed within Taylor County) and the denominator is the total compensation paid everywhere during the tax period.

The sales factor is a fraction, the numerator of which is the total sales revenue in the county and the denominator is the total sales revenue everywhere during the tax period. Include:

- (a) The property delivered or shipped to a purchaser, other than US Government, or to the designee of the purchaser within the county *regardless of f.o.b. point* or other conditions of sale, or
- (b) The property is shipped from an office, store, warehouse, factory or other place of storage in the county.

Sales revenues, other than revenue from the sale, lease or rental of tangible personal property or the lease or rental of real property are apportioned to the county based upon a fraction, the numerator of which is the time spent in the performing such income-producing activity within the county and the denominator is the total time spent performing that income-producing activity.

In order for the county to verify the accuracy of percentages under this section, the taxpayer shall maintain adequate records.

■ **YOU MAY NOT USE A LOSS FROM ONE SCHEDULE TO LOWER A GAIN FROM ANOTHER SCHEDULE. EXAMPLE: A SCHEDULE F FARMING LOSS CANNOT BE USED TO LOWER A GAIN FROM A SCHEDULE C OR E BUSINESS OR RENTAL GAIN.**