

# BREATHITT COUNTY TAX ADMINISTRATOR NET PROFITS LICENSE FEE RETURN

Name and Address of Business       Phone Number _____ <small>INDICATE ANY NAME OR ADDRESS CHANGE ABOVE</small>	<b>ACCOUNT NO.</b> _____	<b>CALENDAR/FISCAL YEAR ENDED</b>		
		MONTH	DAY	YEAR
	<b>OFFICE HOURS: 9:00 - 4:30</b>  MONDAY - FRIDAY  <b>TELEPHONE</b> <b>(606) 666-3800</b>	<b>DUE DATE</b>		
		Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)		
		Federal ID No. _____		

<b>QUESTIONS (ANSWER IN FULL)</b> 1. Nature of Business _____ 2. Date Business Started in This 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 This 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. NET Business income per Federal Tax Return		
	2. ADD Items not Deductible (Line F, Schedule B Below)		
	3. TOTAL (Line1 Plus Line 2)		
	4. DEDUCT Items not subject (Line J, Schedule B)		
	5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4)		
	6. If Sch. C (line4) is used enter here AVERAGE PERCENTAGE		
	7. NET PROFITS subject to License Fee (Line 5 x Line 6)		
	8. Prior year adjustments		
	9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE"		
	10. License Fee - _____ of line 9		
	11. Interest - _____ per month or portion of month.		
	12. Penalty - _____ per month or portion of month.		
	13. Total (Lines 10+11+12)		
	14. Less Credits - ( ) ESTIMATE ( ) OTHER		
	15. BALANCE DUE (Line 13 less Line 14) pay this amount		
	16. If estimate overpaid Indicate ( ) Refund or ( ) Credit		
<b>Make checks payable and mail to:</b> <b>BREATHITT COUNTY TAX ADMINISTRATOR</b> <b>OR</b> 1137 MAIN STREET JACKSON KY 41339 Phone Number (606) 666-3800 			

## 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			
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 \_\_\_\_\_

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

