NET PROFITS LICENSE FEE RETURN CALENDAR/FISCAL YEAR ENDED Name and Address of Business ACCOUNT NO. **MONTH** DAY YEAR OFFICE HOURS **DUE DATE** 8:30 - 4:30 Mon - Fri **TELEPHONE** Attach a copy of Federal Tax Return used as (502) 732-7003 a basis of License Fee (Schedule A-Line 1) Phone Number Federal ID No. INDICATE ANY NAME OR ADDRESS CHANGE ABOVE 4. Did you have employees in Carroll County? Yes ΠNο **QUESTIONS (ANSWER IN FULL)** 5. Business Type: C-Corp S-Corp Partnership Sole-Prop. Nature of Business _ Fiduciary Other (Specify) 6. Has the IRS changed the Net Income as originally reported for any prior Date Business Started in Carroll County 3. If Business was Discontinued, State When 7. Telephone Number Dissolution or Sale If by sale, give Name and Address of successor **SCHEDULE A** FOR OFFICIAL USE ONLY 1. Total Gross Receipts per Federal Return 2. Total Business Deductions per Federal Tax Return Rec'd 3. Net Business Income per Federal Tax Return 4. Add Items not Deductible (Line, Schedule B Below) Ck. No. ___ 5. TOTAL Amount _____ 6.Deduct items not subject (Line L, Schedule B Below) 7. ADJUSTED NET BUSINESS INCOME (Line 5 less Line 6 Posted 8. If Sch. C (Line 4) is used enter here AVERAGE PERCENTAGE By 9. NET PROFIT subject to Lincense Fee (Line 7 x Line 8) 10. License Fee - 1.5% of line 9 Max \$250,000 Make checks payable and mail to: 12.00% per month or portion of month. 11. Interest -**CARROLL COUNTY OCC TAX ADMIN** 5.00% per month or portion of month. 12. Penalty -440 MAIN STREET 13. Balance Due (Total Lines 10+11+12) **CARROLLTON KY 41008** 14. Any Overpayment - Credit Refund www.carrollcountygov.us 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 G. Interest B. Capital Gain 50% subject H. Royalties on Patents, Copyrights C. Net operating Loss Deduction I. Dividends D. Partners' Salaries (attach Schedule) J. Capital Loss (50% deductible) E. Other Items (List) K. Other (attach schedule) F. TOTAL ADDITIONS (enter on line 4) L. TOTAL DEDUCTIONS (enter on line 6) **SCHEDULE C** Business Allocation percentage-Divide (Col. B) to obtain decimal Carry out at least 6 places. **ALLOCATON FACTORS** PERCENTAGE Carroll Co Factor TOTAL FACTOR 1. Total Gross Business Receipts 2. Total Wages, Salaries and Other Personal Service 3. TOTAL PERCENTS

CARROLL COUNTY FISCAL COURT

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed Title Date