

Make Check Payable And Mail To:
 City of Scottsville
 201 W. Main, Suite 8
 Scottsville, Ky 42164

Information Request
 Ph: 270-237-4472
 Fx: 270-237-4922

Net Profits Occupational Tax Return

FROM BUSINESS, PROFESSION, OR OTHER ACTIVITY WITHIN
 SCOTTSVILLE, KY. CONDUCTED BY CORPORATIONS, PARTNERSHIPS,
 INDIVIDUALS AND FIDUCIARIES OF ESTATES AND TRUSTS.
 (RESIDENT OR NON RESIDENT)

CHECK	CASH

CALENDAR YEAR ENDED DECEMBER 31, 20 _____
 OR
FISCAL YEAR INDICATED BELOW

This return must be filed with full payment of the fee on or before May 15 of each year, Return even if a net loss or copy of extension.

MO.	DAY	YR.

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

Give Trade Name, If Any _____

Nature of Business _____

SOCIAL SECURITY # OR
 FEDERAL IDENTIFICATION #. No.

QUESTIONS (ANSWER FULLY)

1. Did you have employees in Scottsville during year? Yes No
2. Has Scottsville License fee been withheld from all subject Employees,
 and Remitted Quarterly in Accordance with these Regulations?
 Yes No If Answer is "No" Explain

3. Check Which: Corporation Sub-Chapter S Partnership
 Individual Owner Fiduciary Other (state)
4. Basis on which this Return is Prepared-Cash Accrual
5. Have Federal Authorities Changed the Net Income as Originally Reported for Any Prior Year? Yes 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).....	_____	
ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4).....	\$ _____	
6. If Sch.C (Line 4) is used enter here AVERAGE PERCENTAGE.....	_____ %	
7. NET PROFITS Subject to Scottsville License Fee (Line 5 x Line 6).....	\$ _____	
8. Scottsville License Fee at 1.5% of amount on Line 7.....	\$ _____	
9. Minimum License Fee		30.00
10. Interest 1/2 of 1% per month if paid after due date.....		
11. Penalty - 1% per month not exceeding 10% if paid 30 days after due date.....		
12. Total (Lines 8+9+10+11).....	\$ _____	
13. Less credits - ESTIMATED PMTS.....		
14. Less credits - ADVANCE LICENSE FEE.....		
15. BALANCE DUE. . PAY THIS AMOUNT.....		
16. OVERPAYMENT REFUND <input type="checkbox"/> CREDIT <input type="checkbox"/>	\$ _____	

SCHEDULE B

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

ITEMS NOT DEDUCTIBLE - ADD

ITEMS NOT SUBJECT - DEDUCT

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

- H. Interest on Corporate Bonds..... \$ _____
- I. Interest 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 Scottsville	Column B Total Everywhere	Column C 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 2).....Enter on Line 6.....			%

CERTIFICATE

Prepared By _____

I HEREBY CERTIFY That the statements made herein and any supporting schedule or exhibit are true, correct and complete.

(Signature of License Fee Payer) _____ Date _____ 20 _____