



CITY OF LEITCHFIELD NET PROFITS LICENSE FEE RETURN

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNERSHIP
OR NAME AND ADDRESS SHOWN BELOW

Account Number	
Fiscal Year Ended	
Federal ID or SSN	
<input type="checkbox"/> Final Return	<input type="checkbox"/> No Activity in Jurisdiction

TAXPAYER INFORMATION

1. a. WORKSHEET I (Federal Form 1040 Schedule C, Schedule E and (or) Schedule F.)
- b. WORKSHEET P (Federal Form 1065 and Form 8825 if Applicable)
- c. WORKSHEET C (Federal Form 1120 or 1120A or Form 1120S and Form 8825, if Applicable)
2. Did you have any employees in this jurisdiction during the year? Yes No

SECTION 1 CALCULATION OF LICENSE FEE LIABILITY

<ol style="list-style-type: none"> 1. Adjusted Net Business Income from Applicable Worksheet 2. Business Apportionment Percentage (Section 2, Line 4, Column C or 100%) 3. Net Profits subject to license fee (Line 1 X Line 2) 4. License Tax Due (Line 3 X 1.2%)(minimum of \$50) 5. Less: Credits (Payments during year) 6. Balance Due for Tax Year (Line 4 less Line 5)..... 7. Penalty @ 5% per month (or portion thereof, not to exceed 25% , minimum \$25) 8. Interest @ 1% per month (or portion thereof) 9. Advance Payment of License Fee for Current Year (minimum \$50) 10. TOTAL AMOUNT DUE (Sum of lines 6 - 9) 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 	<p>Make Check Payable to: City Treasurer</p> <p>Mail to: License Fee Division P.O. Box 398 Leitchfield, KY 42755</p>
--	---	--

SECTION 2 APPORTIONMENT COMPUTATION

All licensees whose business operations were not conducted entirely in the tax jurisdiction must complete this part, regardless of profit or loss.	Column A	Column B	Column C
	LEITCHFIELD PORTION	TOTAL	PERCENTAGE
1. Gross receipts from sales made and/or services rendered	\$	\$	
2. Gross salaries and wages	\$	\$	
3. Subtotal (add Column C, Lines 1 and 2)			
4. Business apportionment (Column C, Line 3 divided by 2) Enter on Line 2, Section 1 (If the business had either gross receipts or salaries, but not both, then enter the single factor percentage from Line 3)			

I hereby certify that the statements made herein and in any supporting schedules are true, correct & complete to the best of my knowledge.

Signature of Licensee (return must be signed above)	Date	Print Name	Title
---	------	------------	-------

This return must be filed and paid in full on or before April 15th or by the 15th day of the 4th month after close of Fiscal Year

*****IMPORTANT*****

Enclose Copy of Applicable
Federal Form(s) & Schedule(s)

CITY OF LEITCHFIELD NET PROFIT WORKSHEET

WORKSHEET I: For Business Entities required to file an INDIVIDUAL U.S. Income Tax Return

- | | | |
|--|----|--|
| 1. Net profit or (loss) per Schedule C of federal Form 1040 (attach all schedules) | 1. | |
| 2. Net profit or (loss) per Schedule E of federal Form 1040 (attach all schedules) | 2. | |
| 3. Net profit or (loss) per Schedule F of federal Form 1040 (attach all schedules) | 3. | |
| 4. Other business income not included on lines 1 - 3 (attach schedule)..... | 4. | |
| 5. Total net business income (add lines 1 - 4) | 5. | |
| 6. State and local license fees or taxes based on income | 6. | |
| 7. Expenses associated with income not subject to the license fee (attach schedule) | 7. | |
| 8. Total items not deductible (add Lines 6 - 7) | 8. | |
| 9. Adjusted net business income (Line 5 Plus Line 8) Enter on Section 1, Line 1 | 9. | |

WORKSHEET P: For Business Entities required to file a PARTNERSHIP U.S. Income Tax Return

- | | | |
|---|-----|--|
| 1. Ordinary income or (loss) per federal Form 1065 (attach Form 1065) | 1. | |
| 2. Other additions from Schedule K of federal Form 1065 | 2. | |
| 3. Other allowable subtractions from Schedule K of federal Form 1065 | 3. | |
| 4. Total business income (add lines 1 - 3) | 4. | |
| 5. State and local license fees or taxes based on income | 5. | |
| 6. Guaranteed payments to partners (attach Schedule) | 6. | |
| 7. Expenses associated with income not subject to the license fee (attach schedule) | 7. | |
| 8. Total items not deductible (add lines 5 - 7) | 8. | |
| 9. Interest income from U.S. obligations | 9. | |
| 10. Adjusted net business income (Line 4 Plus Line 8 Less Line 9) Enter on Section 1, Line 1 | 10. | |

WORKSHEET C: For Business Entities required to file a CORPORATE U.S. Income Tax Return

- | | | |
|--|-----|--|
| 1. Taxable income or (loss) per federal Form 1120 or 1120A (attach Forms) | 1. | |
| 2. Ordinary income or (loss) per federal Form 1120S (attach Form 1120S) | 2. | |
| 3. Other additions from Schedule K of federal Form 1120S | 3. | |
| 4. Other allowable subtractions from Schedule K of federal Form 1120S | 4. | |
| 5. Total business income (add Lines 1 - 4) | 5. | |
| 6. State and local license fees or taxes based on income | 6. | |
| 7. Net operating loss deduction | 7. | |
| 8. Expenses associated with income not subject to the license fee (attach schedule) | 8. | |
| 9. Total items not deductible (add Lines 6 - 8) | 9. | |
| 10. Interest income from U.S. obligations | 10. | |
| 11. Adjusted net business income (Line 5 Plus Line 9 Less Line 10) Enter on Section 1, Line 1 | 11. | |