



# MCCRERY COUNTY TAX ADMINISTRATOR NET PROFITS LICENSE FEE RETURN



Name and Address of Business \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

ACCOUNT NO. \_\_\_\_\_  
 OFFICE HOURS:  
 9:00 - 4:30  
 MON - FRI  
 TELEPHONE  
 (606) 376-1322

CALENDAR/FISCAL YEAR ENDED  
 MONTH DAY YEAR  
 DUE DATE  
 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 \_\_\_\_\_  
 2. Date Business Started in McCreary County \_\_\_\_\_  
 3. If Business was Discontinued, State When \_\_\_\_\_  
 Dissolution  or Sale  If by sale, give Name and Address of successor \_\_\_\_\_

4. Did you have employees in McCreary County?  Yes  No  
 5. Basis upon which tax return is prepared  Cash  Accrual  
 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 \_\_\_\_\_  
 Ck. No. \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Posted \_\_\_\_\_  
 By \_\_\_\_\_

1. NET Business income per Federal Tax Return  
 2. ADD Items not Deductible (Line H, Schedule B Below)  
 3. TOTAL (Line 1 Plus Line 2)  
 4. DEDUCT Items not subject (Line L, Schedule B)  
 5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4)  
 6. If Sch. C is used, enter PERCENTAGE or 100%  
 7. NET PROFITS subject to License Fee (Line 5 x Line 6)  
 8. License Fee - \_\_\_\_\_ of line 7  
 9. Interest - \_\_\_\_\_ per annum, or 1% per month or protion of month.  
 Interest is owed from the original due date, minus estimated payments pd.  
 Interest still applies even if Extension filed. A fraction of a month counts as a whole.  
 10. Penalty - \_\_\_\_\_ per month or protion of month. 25\$min-25%max  
 Penalty base on the amount owed from month tax due, minus estimated payments paid.  
 If payment not made by extension date penalty will be calculated to original month due  
 11. Total (Lines 8+9+10)  
 12. Less Credits - ( ) ESTIMATE ( ) OTHER  
 13. BALANCE DUE (Line 11 less Line 12) pay this amount  
 16. If estimate overpaid Indicate ( ) Refund(\$100 or more) or ( ) Credit

**Make checks payable and mail to:**  
**MCCRERY COUNTY TAX ADMINISTRATOR**  
 PO BOX 327  
 WHITLEY CITY KY 42653  
 Phone Number (606) 376-1322

## 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. Net short term and long term Capital Gain \_\_\_\_\_  
 C. Net operating Loss Deduction \_\_\_\_\_  
 D. Net income from Rental & Real Estate income \_\_\_\_\_  
 E. Interest & dividend income \_\_\_\_\_  
 F. Royalty & Portfolio Income \_\_\_\_\_



G. Guaranteed Payments to Partners \_\_\_\_\_  
 H. Totals (enter on line 2) \_\_\_\_\_

**ITEMS NOT SUBJECT - DEDUCT**

I. Expense deductions from (sec 179) \_\_\_\_\_  
 J. Net short &/or long term Capital Loss \_\_\_\_\_  
 K. Net loss from rental & Rental real estate \_\_\_\_\_  
 L. TOTAL DEDUCTIONS (enter on line 4) \_\_\_\_\_

## SCHEDULE C

Business Allocation percentage-Divide (Col. B) to obtain decimal Carry out at least 6 places.

ALLOCATION FACTORS	A. McCreary	B. All Locations	B. A Divided by B
1. Total Gross Business Receipts			
2. Total Wages, Salaries and Other Personal Service (Compensation Paid to Employee)			
3. TOTAL PERCENTS .....			
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....Enter of line 6			

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