



PIKE COUNTY OCCUPATIONAL TAX OFFICE

NET PROFITS LICENSE FEE RETURN



Name and Address of Business _____

Phone Number _____

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

ACCOUNT NO. _____

OFFICE HOURS:
8:00 - 4:30
MON - FRI

TELEPHONE
(606) 432-6289

CALENDAR/FISCAL YEAR ENDED

MONTH	DAY	YEAR

DUE DATE

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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 Pike 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 Pike 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

<p>FOR OFFICIAL USE ONLY</p> <p>Rec'd _____</p> <p>Ck. No. _____</p> <p>Amount _____</p> <p>Posted _____</p> <p>By _____</p> <p>Make checks payable and mail to: Pike County Occupational Tax PO BOX 1319 Pikeville, KY 41502</p> <p>Phone Number: (606) 432-6289</p> 	<ol style="list-style-type: none"> 1. NET Business income per Federal Tax Return 2. ADD Items not Deductible (Line F, Schedule B Below) 3. TOTAL (Line 1 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 (line 4) 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 - 1.0000% of line 9 11. Interest - 12.00 % per month or portion of month. 12. Penalty - 5.00 % 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
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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
<p>A. State or Local taxes based on income _____</p> <p>B. Capital Gain (50) subject _____</p> <p>C. Net operating Loss Deduction _____</p> <p>D. TOTAL ADDITIONS (enter on line 4) _____</p> <p>E. TOTAL ADDITIONS (enter on line 4) _____</p> <p>F. TOTAL ADDITIONS (enter on line 4) _____</p>	<p>G. Interest _____</p> <p>H. Royalties on Patents, Copyrights _____</p> <p>I. Dividends _____</p> <p>J. Capital Loss (50% deductible) _____</p> <p>K. Other (attach schedule) _____</p> <p>L. TOTAL DEDUCTIONS (enter on line 6) _____</p>

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 _____ <small>Compensation Paid to Employee</small>		
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 _____

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