Madison County Finance Office
NET PROFITS LICENSE FEE RETURN

Attach Federal Returns and any Schedules that apply

Account Number	Calendar/Fiscal Year Ended		
	Month	Day	Year
Federal ID Number	**Due Date**		

Questions (ANSWER IN FULL)

1. Nature of Business _____
2. Date Business Started in this County _____
3. If Business was Discontinued, State When _____
   ( ) by Dissolution or ( ) by Sale
   if by sale give Name and Address of successor
4. Did you have employees in this County? ( ) Yes ( ) No
5. Basis upon which tax return is prepared ( ) Cash ( ) Accrual
   ( ) C-Corp ( ) S-Corp ( ) Partnership ( ) Sole-prop.
6. Business Type: ( ) Fiduciary ( ) Other (Specify) _____
7. Has the IRS changed the Net Income as originally reported for any prior year? ( ) No ( ) Yes
   If YES (Attach Schedule of Changes for each year)

Phone Number _____

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

SCHEDULE A

FOR OFFICIAL USE ONLY

Rec'd _____

Ck. No. _____

Amount _____

Circle if Applicable

Final Return and/or No Activity

Make checks payable and mail to:
Madison County Finance Office
P.O. Box 547
RICHMOND, KY 40476-0547
Phone Number (859) 624-4742

1. Gross Reciepts per Federal Tax Return		
2. Total Business Deductions		
3. Net Business income		
4. ADD Items not deductible (Line F, Schedule B)		
5. Total (Line 3 plus line 4)		
6. DEDUCT items not subject (Line K, Schedule B)		
7. Adjusted Net Business Income (Line 5 less Line 6)		
8. If Sch. C from blow is used ehter Average Percentage Here		
9. NET PROFITS subject to License Fee (Line 7 X Line 8)		
10. License Fee - 1.0000% of line 9		
11. Interest - 12.00% per annum portion of year.		
12. Penalty - 5.00% per month-maxium 25%- not less than $25		
13. Total (Line 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		

SCHEDULE B

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

ITEMS NOT DEDUCTIBLE - ADD		*ITEMS NOT SUBJECT - DEDUCT*	
A. State or Local taxes based on income		G. Royalties on Patents, Copyrights	
B. Capital Gain (50) subject		H. Dividends	
C. Net operating Loss Deduction		I. Captial Loss (50% deductible)	
D. Partner's Salaries (attach schedule)		J. Other (attach schedule)	
E. Other items (please list)		K. Total Deductions (enter on line 6)	
F. TOTAL ADDITIONS (enter on line 4)			

SCHEDULE C

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

ALLOCATION FACTORS	Madison County	Total Factor	Percentage
1. Total Gross Business Receipts ……			
2. Total Wages, Salaries and Other Personal Service ……..			
3. TOTAL PERCENTS ……			
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents) ……..Enter of line 8			

I hereby ceritfy 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