



# Madison County Finance Office

## NET PROFITS LICENSE FEE RETURN

<b>Attach Federal Returns and any Schedules that apply</b>	<b>Account Number</b>	<b>Calendar/Fiscal Year Ended</b>
	<b>Due Date</b>	

	<p><b>Questions (ANSWER IN FULL)</b></p> <p>1. Nature of Business _____</p> <p>2. Date Business Started in this County _____</p> <p>3. Is your business discontinued? _____ 4. How was the business discontinued? _____</p> <p>5. Date your business was discontinued _____</p> <p>6. Name and Address of successor _____</p> <p>7. Did you have employees in this County? _____ 8. Basis upon which tax return is prepared _____</p> <p>9. Business Type _____</p> <p>10. Has the IRS changed the Net Income as originally reported for any prior year? _____</p>
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<p><b>FOR OFFICIAL USE ONLY</b></p> <p>Rec'd _____</p> <p>Ck. No. _____</p> <p>Amount _____</p>	<p>1. Gross Receipts per Federal Tax Return _____</p> <p>2. Total Business Deductions _____</p> <p>3. Net Business Income _____</p> <p>4. ADD Items not deductible (Line F Below) _____</p> <p>5. DEDUCT items not subject (Line k, below) _____</p> <p>6. Adjusted Net Business Income (Total lines 3,4,5) _____</p> <p>7. Enter average Percent (if allocation factors are used below) _____</p> <p>8. NET PROFITS subject to License Fee (Line 6 X Line 7) _____</p> <p>9. License Fee - 1.0000% of line 8 _____</p> <p>10. Interest - 12.00% per annum portion of year. _____</p> <p>11. Penalty - 5.00% per month-maximum 25%- not less than \$25 _____</p> <p>12. Total (Line 9+10+11) _____</p> <p>13. Less Credits - ( ) ESTIMATE ( ) OTHER _____</p> <p>14. BALANCE DUE (line 13 less Line 14) pay this amount _____</p>	
<p>Final Return and/or No Activity</p> <p><input type="checkbox"/></p>		
<p>Make checks payable and mail to:</p> <p><b>Madison County Finance Office</b> P.O. Box 547 RICHMOND, KY 40476-0547 Phone Number (859) 624-4742</p>		

<p><b>ITEMS NOT DEDUCTIBLE - ADD</b></p> <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. Partner's Salaries (attach schedule) _____</p> <p>E. Other items (please list) _____</p> <p>F. TOTAL ADDITIONS (enter on line 4) _____</p>	<p><b>ITEMS NOT SUBJECT - DEDUCT</b></p> <p>G. Royalties on Patents, Copyrights _____</p> <p>H. Dividends _____</p> <p>I. Capital Loss (50% deductible) _____</p> <p>J. Other (attach schedule) _____</p> <p>K. Total Deductions (enter on line 6) _____</p>
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<b>ALLOCATION FACTORS</b>			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 certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed \_\_\_\_\_ 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