



Madison County Finance Office

NET PROFITS LICENSE FEE RETURN

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

	<p>Questions (ANSWER IN FULL)</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>FOR OFFICIAL USE ONLY</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>Madison County Finance Office P.O. Box 547 RICHMOND, KY 40476-0547 Phone Number (859) 624-4742</p>		

<p>ITEMS NOT DEDUCTIBLE - ADD</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>ITEMS NOT SUBJECT - DEDUCT</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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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 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