POWELL COUNTY FISCAL COURT NET PROFIT LICENSE FEE RETURN ****This form must be completed in its entirety. If Federal I.D. or Social Security Number is omitted, this form will be returned to you. If address change applies, you must check the address change box**** NO ACTIVITY CHECK IF ADDRESS CHANGE AMENDED RETURN IACCOUNT NO. FEDERAL I.D. OR SSN Name Contact FOR YEAR ENDING Address _____ State____ Zip____ City __ Extension——— Fax No. — Phone No. -CHECK IF "FINAL RETURN" Date Operations ceased _____ _ (Required to close account.) * ALL LICENCEES MUST ANSWER THE QUESTIONS BELOW * **A.** Principle business activity: B. During the past year did Federal Authorities change or propose to change net income reported for the year or any prior year? If YES which year(s) was adjusted? (Attach statement of changes) **C.** Principle owner/administrative officer: Address: **D.** Did you file a consolidated return? _____(if yes, see instructions) E. Was business activity discontinued? _____When? _____For Dissolution _____ or Sale/Transfer? _____ If Sale / Transfer state sucessor _ Name and Address: NO Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Powell County other than an employee? IF YES, YOU ARE REQUIRED TO FILE COPIES OF FEDERAL FORM 1099. * ALL LICENCEES MUST COMPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING THIS SECTION * 20. Enter ADJUSTED NET PROFIT (From line 15 on the back of this form): 21. Enter percentage from Line 18 or 19 22. Net Profits Allocation (Line 20 X Line 21) 23. Powell County License Fee (Line 22 X .01) 24. Credits: Estimated Payments 25. Balance of License Fees Due (Line 23 minus Line 24) Penalty - 5 % per month, not to exceed 25% - Minimum \$25 26. Penalty due on amount owed from original due date, unless full estimated payments were made If payment not made by extension date, penalty will be calculated back to original due date Interest -12 % per annum 27. Calculate interest on amount owed on Line 26 from original due date. A fraction of a month counts as a whole 28. Total amount due (Add lines 25, 26, & 27) Refund 29. Overpayment Credit (refunds will only be given for more than \$100.00. Otherwise your account will be credited towards future filings) I hereby certify, under penalty of perjury, that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge. Preparer Signature (Return must be signed.) Date Taxpayer Signature (Return must be signed.) Date Print Name Federal ID Print Name

If you have any questions concerning this form you may call this office at (606)663-2834

Phone No

Address

Make check pavable to and mail to:

Mail this form along with supporting schedules to powell County Fiscal Court, PO Box 506, Stanton KY 40380 This return must be mailed and paid in full by the fifteenth day of the fourth month after the close of the fiscal/calender year, unless an extension of time has been granted.

Title

Social Security No.

COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES EVEN IF A LOSS WAS INCURRED.

		INDIVIDUAL	PARTNERSHIP	CORPORATION
1)	Non-employee compensation reported as "other income" on Federal 1040 (Attach Page 1 of Form 1040 and Form 1099 if applicable)			
2)	Net profit per each Federal Schedule C, E and/or F (If reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules.)			
3)	Capital gain from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach From 4797, Pages 1 and 2 or Form 6252)			
4)	Ordinary gain or (loss) on the sale of property used a trade or business per Federal Form 4794(Attach Form 4794, pages 1 and 2)			
5)	Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s), if applicable)			
6)	Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120S, Pages 1, 2 and 3, Schedule of other Deductions, and Rental Schedule(s) if applicable.)			
7)	State income taxes and occupational taxes based upon income deducted on the Federal Schedule C, E, F or Form 1065, 1120, 1120A or 1120S			
8)	Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)			
9)	Net operating loss deducted (add back) on Form 1120			
10)	Total Income - Add Line 1 through Line 9			
11)	Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)			
12)	Other Adjustments (Attach Schedule)			
13)	Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)			
14)	Total Deductions - Add Line 11 through Line 13			
15)	Adjusted Net Profit - Subtract Line 14 from Line 10. Enter here and on Line 20 on the front page			

WORKSHEET Y: BUSINESS APPORTIONMENT							
APPORTIONMENT FACTORS	COLUMN A POWELL COUNTY	COLUMN B TOTAL EVERYWHERE	DIVIDE (A / B = C) NOTE: All percentages in Column C should be carried out five (5) decimal places				
16) PAYROLL FACTOR Compensation paid during the year to employees							
17) SALES REVENUE FACTOR Receipts from the sale, lease or rental of goods, services or property							
18) TOTAL PERCENTAGES							
19) BUSINESS APPORTIONMENT If you had both a payroll factor and a sale If you had a payroll factor or sales revenue							