



MCCRACKEN COUNTY TAX ADMINISTRATOR NET PROFIT LICENSE FEE RETURN



This form is due in its entirety on or before April 15 or within 105 days of the end of your fiscal year. If account number is omitted, this form will be returned to you. If address change applies, you must check the address change box.

CHECK IF ADDRESS CHANGE AMENDED RETURN NO ACTIVITY

ACCOUNT NO.	FEDERAL I.D. OR SSN	
FOR YEAR ENDING		

Phone No. _____ Extension _____ Fax No. _____

CHECK IF "FINAL RETURN" Date Operations ceased _____ (Required to close account.)

*** ALL LICENSEES MUST ANSWER THE QUESTIONS BELOW ***

- A. Principle business activity: _____
- B. Principle owner/administrative officer: _____
Address: _____
- C. Was business activity discontinued? _____ When? _____ For Dissolution _____ or Sale/Transfer? _____
If sale / transfer state successor _____
Name and Address: _____

YES NO Did you make payments in the sum of \$600.00 or more to any individual for services rendered in this County other than an employee? IF YES, YOU ARE REQUIRED TO FILE COPIES OF FEDERAL FORM 1099.

*** ALL LICENSEES 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 (if applicable)	
22. Net Profits Allocation (Line 20 X Line 21) (if less than \$2,500 no Tax Due)	
23. McCracken County License Fee (Line 22 X 1 %)	
24. Credits: Estimated Payments	
25. Business License paid to City of Paducah during fiscal year above (Non-refundable)	
26. Balance of License Fees Due (Line 23 minus Line 24 & Line 25)	
27. Penalty - 5 % per month, not to exceed 25% - Minimum \$25.00 Penalty due on amount owed from original due date, unless full estimated payment was made If payment not made by extension date, penalty will be calculated back to original due date	
28. Interest - 1% per month Calculate interest on amount owed on Line 26 from original due date.	
29. Total amount due (Add lines 26, 27, & 28)	
30. Overpayment <input type="checkbox"/> Refund	

If you have been granted an extension by the IRS send a copy of this form along with a copy of your Federal Extension prior to due date. 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 _____

Address _____ Phone No. _____

Title _____ Social Security No. _____

If you have any questions concerning this form visit mccrackenky.com or call (270) 444-4722
Make check payable to: MCCRACKEN COUNTY TAX ADMINISTRATOR

Mail this form along with supporting schedules to: MCCRACKEN COUNTY TAX ADMINISTRATOR * P O BOX 2658 * PADUCAH, KY 42002

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 Form 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 4797(Attach Form 4797, 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 license 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 14			
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 MCCRACKEN CO.	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 - Enter here and on LINE 21 of NET PROFIT LICENSE FEE RETURN If you had both a payroll factor and a sales revenue factor, then divide line 18 by two (2) If you had a payroll factor or sales revenue factor, but not both, then enter the percentage from line 18 on line 21			