

BOYLE COUNTY AND CITY OF DANVILLE ANNUAL LICENSE FEE RETURN

This return is due on or before April 15, for the Calendar Year or within 105 days of the end of your Fiscal Year.

| | | | | |
|--|---|-------------------------------|-----|------|
| Name and Address of Business or Licensee | Account No. | Calendar or Fiscal Year Ended | | |
| | | Mo. | Day | Year |
| | Note: If you are doing business in the City of Danville, you must have a Danville Occupational License. Contact the City at 859-936-6840. | | | |

Change If Incorrect

| | |
|---|---|
| <input type="checkbox"/> FINAL RETURN (Check only to close account.) Date Operations Ceased: _____ | <input type="checkbox"/> NO ACTIVITY (Check box if there was no activity.) |
|---|---|

ALL LICENSEES MUST ANSWER QUESTIONS BELOW:

- A. Principal business activity _____
- B. What is your Social Security # (if any) _____ Spouse's Social Security # _____
- C. Your Federal Identification # (if any) _____ If New Number Check Box
- D. Home Phone _____ Business Phone _____
- E. During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year?
 Yes No (If yes, which year was adjusted?) _____ (Attach statement of changes)
- F. Principal Corporation Administrative Officer's Name _____
 Address _____ SSN# _____
- G. Did you file a consolidated return? Yes No
- H. Was there a change in ownership in the past year? Date of change _____
 Name and address of new owner _____

Did you make payments to any individual for services rendered in Boyle County or the City of Danville (other than employee) or equivalent?
 Yes No
 If yes, you are required to file Form 1099-SF

ENCLOSE CHECK OR MONEY ORDER PAYABLE TO "BOYLE COUNTY TAX ADMINISTRATOR"

TAX ADMINISTRATORS OFFICE
 321 WEST MAIN ST., ROOM 117
 BOYLE COUNTY COURT HOUSE
 DANVILLE, KENTUCKY 40422-1848
 PHONE (859) 238-1115

Make payment and mail to:
 A fee of \$50 will be charged for returned checks

SECTION A - BOYLE COUNTY

SECTION B - CITY OF DANVILLE

- 1. NET PROFIT PER SECTION C FROM BACK OF RETURN _____
- 2. SECTION D, COLUMN D, OR 100% _____
- 3. BOYLE COUNTY NET PROFIT (LINE #1 X LINE #2) _____
- 4. BOYLE COUNTY LICENSE FEE (LINE #3 X .0075) _____
- 5. ESTIMATED PAYMENTS/CREDITS _____
- 6. BALANCE (LINE #4 LESS LINE #5) _____
- 7. PENALTY (5% PER MONTH OR PORTION THEREOF NOT TO EXCEED 25%.) \$25.00 MINIMUM PENALTY.
 EXTENSION FILED _____
- 8. INTEREST (12 % PER ANNUM SIMPLE INTEREST) _____
- 9. BALANCE (LINE #6 PLUS LINE #7 PLUS LINE #8) _____
- 10. OVERPAYMENT (LINE #6) REFUND APPLY TO NEXT YEAR _____
- 11. PAYMENT: ADD SECTION A, LINE 9 AND SECTION B, LINE 9. MAKE CHECK PAYABLE TO BOYLE COUNTY TAX ADMINISTRATOR. OVERPAYMENT TO SECTION A OR B CANNOT BE CREDITED TO SECTION WHERE PAYMENT IS DUE.

- 1. NET PROFIT PER SECTION C FROM BACK OF RETURN _____
- 2. SECTION D, COLUMN E, OR 100% _____
- 3. CITY OF DANVILLE NET PROFIT (LINE #1 X LINE #2) _____
- *4. CITY OF DANVILLE LICENSE FEE (LINE #3 X .0125) _____
- 5. ESTIMATED PAYMENTS/CREDITS _____
- 6. BALANCE (LINE #4 LESS LINE #5) _____
- 7. PENALTY (5% PER MONTH OR PORTION THEREOF NOT TO EXCEED 25%.) \$25.00 MINIMUM PENALTY.
 EXTENSION FILED _____
- 8. INTEREST (12 % PER ANNUM SIMPLE INTEREST) _____
- 9. BALANCE (LINE #6 PLUS LINE #7 PLUS LINE #8) _____
- 10. OVERPAYMENT (LINE #6) REFUND APPLY TO NEXT YEAR _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

BALANCE DUE
PLEASE PAY THIS AMOUNT

SIGNATURE OF TAXPAYER

TITLE

DATE

PREPARER INFORMATION

DATE

YOU MUST ATTACH A COMPLETE COPY INCLUDING ALL ATTACHMENTS OF YOUR FEDERAL RETURN AS APPLICABLE.

PLEASE COMPLETE REVERSE SIDE

SECTION C

COMPLETE ONLY ONE COLUMN (Whichever is applicable)

INDIVIDUAL

1. Gross wages, salaries, tips, etc. Reported on the Federal Form w-2 from which no occupational taxes were withheld (a) \$ _____ plus deferred compensation from 401 (K), 403 (B) or 457 plans _____ less the related employee business expenses per Federal Form 2106 \$ _____ equals _____
 (b) (Attach Form W-2 and Form 2106 or the complete Form 1040 PC) 1c) _____
- (d)

| | | |
|--|--|---|
| COLUMN A Days Worked in Boyle County | COLUMN B Days Worked in City of Danville | COLUMN C Days Worked Total Everywhere |
| _____ | _____ | _____ |
- (e) A + C = _____ % x Line 1 c = _____ Enter on Line 22, Column A, C and D
 B + C = _____ % x Line 1 c = _____ Enter on Line 22, Column A, C and E

2. Non-employee compensation as reported on Form 1099-Misc reported as "other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099 or the complete from 1040 PC) 2) _____
3. Net profit or (loss) per Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2, Schedule C-EZ, or the complete Form 1040 PC) 3) _____
4. Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 or Form 6252, or the complete Form 1040 PC) 4) _____
5. Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E or the complete Form 1040 PC) 5) _____
6. Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F, Pages 1 and 2, or the complete form 1040 PC) 6) _____
7. Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Form 4797, Pages 1 and 2, or the complete Form 1040 PC) 7) _____
8. 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) 8) _____
9. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary Income or (loss) per Federal Form 1120S (Attach the Applicable 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) 9) _____
10. State Income Taxes and Occupational License Fees deducted on the Federal Schedule C, E, F or Form 1065, 1120, 1120A or 1120S 10) _____
11. Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule (s) if applicable) 11) _____
12. Net Operating Loss Deducted on Form 1120 12) _____
13. Total Income (Add Lines 2 through Line 12) 13) _____
14. Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s) if applicable) 14) _____
15. Net Alcoholic Beverage Income (Attach Computation Work Sheet) 15) _____
16. Other Adjustments - (Attach Schedule) 16) _____
17. Non Taxable Income - (Attach Schedule) 17) _____
18. Professional Expenses not reimbursed by the Partnership (Attach Schedule of Expenses) 18) _____
19. Total Deductions (Add Lines 14 through Line 18 inclusive) 19) _____
20. *Adjusted Net Profit* (Subtract Line 19 from Line 13) 20) _____

PARTNERSHIP CORPORATION

- | | | |
|-----------|-----------|-----------|
| | | |
| 10) _____ | 10) _____ | 10) _____ |
| 11) _____ | 11) _____ | 11) _____ |
| 12) _____ | 12) _____ | 12) _____ |
| 13) _____ | 13) _____ | 13) _____ |
| 14) _____ | 14) _____ | 14) _____ |
| 15) _____ | 15) _____ | 15) _____ |
| 16) _____ | 16) _____ | 16) _____ |
| 17) _____ | 17) _____ | 17) _____ |
| 18) _____ | 18) _____ | 18) _____ |
| 19) _____ | 19) _____ | 19) _____ |
| 20) _____ | 20) _____ | 20) _____ |

(ATTACH APPROPRIATE FEDERAL SCHEDULES)

COMPUTATION OF APPORTIONMENT PERCENTAGES

SECTION D

All licensees whose business operations were not conducted entirely in the City of Danville or Boyle County outside the City of Danville must complete this part, regardless of profit or loss.

| | |
|----------|----------|
| DIVIDE ↓ | DIVIDE ↓ |
|----------|----------|

| APPORTIONMENT FACTORS | COLUMN A BOYLE COUNTY | COLUMN B CITY OF DANVILLE | COLUMN C TOTAL EVERYWHERE | COLUMN D A ÷ C = D BOYLE COUNTY % | COLUMN E B ÷ C = E CITY OF DANVILLE % |
|--|--------------------------|------------------------------|------------------------------|---|---|
| 21. GROSS RECEIPTS from sales made and/or services rendered . . . | \$ | \$ | \$ | % | % |
| 22. TOTAL WAGES, SALARIES, and other compensation of all employees (See instructions before completing) | \$ | \$ | \$ | % | % |
| 23. Total Percentages (Add the percentages computed on Line 21 and 22 of Columns D and E, respectively). | | | | % | % |
| 24. AVERAGE PERCENTAGE If both entries on Lines 21 and 22, Column C are greater than zero then divide entry on Line 23, Columns D and E, by 2. If Line 21, Column C is greater than zero or Line 22, Column C is greater than zero, but not both, the entry on Line 23, Column D & E, should be transferred to Line 24, Columns D or E as applicable and Line 2, section A and or B as applicable. | | | | % | % |

All Percentages in columns D and E should be carried out five (5) decimal places.