

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.	or Fiscal Year Ended		
	Required!	Mo.	Day	Year
	EVERYONE PAYS BOYLE COUNTY FEES. Danville Fees are in addition for those operating within the City			
		Note: If you are doing business in the City of Danville, you must have a Danville Occupational License. Contact the City at 859-238-1200		

Final Return (check only to close account) Date ceased: _____ **NO ACTIVITY (check box if there was no activity)**

ALL LICENSEES MUST ANSWER QUESTIONS BELOW:

a. Proposed Business Activity _____

b. What is your SSN (if any) _____ Spouse SSN _____

c. Federal ID# (if any) _____ Check Box if New Number

d. Primary Telephone No. _____ Other Contact No. _____

e. During the past year did Federal Authorities change or propose to change net income reported for that year?
 YES No If yes what 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/Address of New Owner _____

Did you make payments to any individual for services rendered in Boyle County or the City of Danville (other than employees) 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"**

RETURN TO: TAX ADMINISTRATOR'S OFFICE 321 W. Main
St., Room 117 Danville, Ky 40422
taxadmin@boylecountyky.gov

A \$50 fee will be assessed for returned checks

TO FILE & PAY ONLINE visit www.boylecountyky.gov/191/Occupational-Tax-Business-Information

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 .0125)

5. Estimated Payments/Credits (_____)

6. Balance _____
(Line #4 less Line #5)

7. Total Tax Balance
Enter greater of line 6 or \$25.00

8. Penalty (5% per month or portion thereof not to exceed 25%)
\$25.00 **MINIMUM** Penalty _____

9. Interest _____
12% per annum simple interest

10. Balance (Line #7+Line #8+ Line #9) _____

11. Overpayment Apply to next year REFUND

12. Net Profit Per section C from back of return _____

13. Section D, Column D, or 100% _____

14. City of Danville Net Profit _____
(Line #1 x Line #2)

15. City of Danville License Fee _____
(Line #3 x .0175)

16. Estimated Payments/Credits (_____)

17. Balance _____
(Line #14 less Line #15)

18. Penalty (5% per month or portion thereof not to exceed 25%)
\$25.00 **MINIMUM** Penalty _____

19. Interest _____
12% per annum simple interest

20. Balance (line #17+Line #18 +Line 19) _____

21. Overpayment Apply to next year REFUND

22. Total Owed _____

PAYMENT: If you conduct business in the City Limits of Danville, Proceed to Line # 12. If you only conduct business in the County, pay the amount on Line #10.

PAYMENT: IF PAYING BOTH CITY/COUNTY, ADD Section A Line 10 + Section B Line 20. Make Check Payable to Boyle Co Tax Administrator

I hereby certify that the statements made herein and supporting schedules are true, correct and complete to the best of my knowledge:

Signature of Taxpayer _____ Date _____
 Preparer Information _____ Date _____

ALL ATTACHMENTS OF YOUR FEDERAL RETURN, AS APPLICABLE.

**Complete Section C - Reverse Side
SECTION C COMPLETE THE COLUMN THAT IS APPLICABLE TO YOU**

Lines 1(a) through 1(e) apply only to individuals with income reported on Federal W-2 Form from which no occupational taxes were withheld.

INDIVIDUAL

- 1. (a) Gross salaries, wages, tips etc. reported on Form W-2 which no occupational taxes were withheld, plus deferred compensation from 401 (k), 403 (b) or 457 plans
- 1. (b) Related employee business expenses per Federal Form 2106 (attach form 2106 and W2)
- 1. (c) Line 1 (a) minus Line 1 (b)

1. (a) _____
 1. (b) _____
 1. (c) _____

1. (d)

COLUMN A	COLUMN B	COLUMN C
Days worked in Boyle County	Days worked in City of Danville	Days worked Total (Add A + B)

- 1. (e) $A \div C =$ _____ % x Line 1c _____ enter on Line 22 Column A, C, D.
- $B \div C =$ _____ % x Line 1c _____ enter on Line 22 Column A, C, E.

2	Non-Employee Compensation as reported on Form 1099-Misc, other income on Federal Form 1040 (Attach page 1 of Form 1040 or 1099 or Form 1040 PC)	2		
3	Net Profit (or loss) per Federal Schedule C or Form 1040 (Attach schedule C, Pages 1 & 2, Schedule C-EZ, or complete Form 1040 PC).	3		
4	Capital gains from Form 4797 or Form 6252 reported on Schedule D of Form 1040. (Attach Form 4797, Pages 1 & 2, or Form 6252, or complete Form 1040 PC).	4		
5	Rental Income (or loss) per Federal Schedule E of Form 1040. (Attach Schedule E or complete form 1040-PC)	5		
6	Net Farm Profit (or loss) per Federal Schedule F. (Attach Form F, Pages 1&2, or 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&2, or complete Form 1040 PC)	7	PARTNERSHIP	CORPORATION
8	Ordinary Income (or loss) per Federal Form 1065 (Attach form 1065, Pages 1, 2&3, Schedule of Other Deductions and Rental Schedule(s) if applicable)	8		
9	Taxable Income (or loss) per Federal Form 1120 or 1120A, Pages 1&2, 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 & Occupational License Fees deducted on Federal Schedule C, E, 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 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		

(Attach Appropriate Schedules)

SECTION D Computation of Apportionment Percentages

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 COUNTY	BOYLE COUNTY	COLUMN B DANVILLE	CITY OF EVERYWHERE	COLUMN C TOTAL	Column D Boyle County %	A + C = D	Column E City of Danville %	B + C =
21	GROSS RECEIPTS from sales made an/or services rendered								
22	TOTAL WAGES, SALARIES and other compensation of all employees								
23	Total Percentages (Add the percentages from Line 21 and 22 of Column D & E						%		%
24	Average Percentages if both entries on Lines 21 and 22, Column C are greater than zero, then divide entry on line 23 Columns D & 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 & E SHOULD BE CARRIED TO THE FIFTH (5) DECIMAL PLACES