

## 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"/> <b>FINAL RETURN</b> (Check only to close account.) Date Operations Ceased: _____ | <input type="checkbox"/> <b>NO ACTIVITY</b> (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 .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
- 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 .0175) \_\_\_\_\_
- 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

BALANCE DUE  
 PLEASE PAY THIS  
 AMOUNT

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

|                       |       |      |
|-----------------------|-------|------|
| 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<br>Days Worked in<br>Boyle County | COLUMN B<br>Days Worked in<br>City of Danville | COLUMN C<br>Days Worked<br>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 2) \_\_\_\_\_  
 (Attach Page 1 of Form 1040 and Form 1099 or the complete from 1040 PC)
3. Net profit or (loss) per Federal Schedule C of Form 1040 3) \_\_\_\_\_  
 (Attach Schedule C, Pages 1 and 2, Schedule C-EZ, or the complete Form 1040 PC)
4. Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 4) \_\_\_\_\_  
 (Attach Form 4797, Pages 1 and 2 or Form 6252, or the complete Form 1040 PC)
5. Rental income or (loss) per Federal Schedule E of Form 1040 5) \_\_\_\_\_  
 (Attach Schedule E or the complete Form 1040 PC)
6. Net farm profit or (loss) per Federal Schedule F of Form 1040 6) \_\_\_\_\_  
 (Attach Schedule F, Pages 1 and 2, or the complete form 1040 PC)
7. Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 7) \_\_\_\_\_  
 (Attach Form 4797, Pages 1 and 2, or the complete Form 1040 PC)
8. Ordinary Income or (loss) per Federal Form 1065 8) \_\_\_\_\_  
 (Attach Form 1065, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s) if applicable)
9. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary Income or (loss) per Federal Form 1120S 9) \_\_\_\_\_  
 (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)
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 11) \_\_\_\_\_  
 (Attach Schedule K of Form 1065 or 1120S and Rental Schedule (s) if applicable)
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 14) \_\_\_\_\_  
 (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s) if applicable)
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 18) \_\_\_\_\_  
 (Attach Schedule of Expenses)
19. Total Deductions (Add Lines 14 through Line 18 inclusive) 19) \_\_\_\_\_
20. \*Adjusted Net Profit\* (Subtract Line 19 from Line 13) 20) \_\_\_\_\_

|           | PARTNERSHIP | CORPORATION |
|-----------|-------------|-------------|
| 8) _____  |             |             |
| 9) _____  |             |             |
| 10) _____ | 10) _____   | 10) _____   |
| 11) _____ | 11) _____   | 11) _____   |
| 12) _____ |             |             |
| 13) _____ | 13) _____   | 13) _____   |
| 14) _____ | 14) _____   | 14) _____   |
| 15) _____ | 15) _____   | 15) _____   |
| 16) _____ | 16) _____   | 16) _____   |
| 17) _____ | 17) _____   | 17) _____   |
| 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.



| APPORTIONMENT FACTORS  | COLUMN A<br>BOYLE COUNTY | COLUMN B<br>CITY OF DANVILLE | COLUMN C<br>TOTAL EVERYWHERE | COLUMN D<br>A + C = D<br>BOYLE COUNTY % | COLUMN E<br>B + C = E<br>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.