(Office Use Only)

VERIFIED BY

AUDITED BY

PREPARED BY

(Date & Initial Each Entry)

CITY OF ADAIRVILLE, KENTUCKY 20___

Net Profits License Fee Return

FROM BUSINESS, PROFESSION, OR OTHER ACTIVITY WITHIN THE CITY OF ADAIRVILLE, CONDUCTED BY CORPORATIONS, PARTNERSHIPS, INDIVIDUALS AND FIDUCIARIES OF ESTATES AND TRUSTS.

(RESIDENT OR NON-RESIDENT)

CALENDAR YEAR ENDED DECEMBER 31, 20 ____
OR
FISCAL YEAR INDICATED BELOW

MO.	DAY	YR.

CASHIER'S ENTRY (Office Use Only)

CASH	CHECK

(PRINT NAME AND ADDRESS ABOVE — CHANGE IF NOT CORRECTLY SHOWN)

Give Trade Name, If Any

Nature of Business

MAIL TO: CHECK OR MONEY ORDER PAYABLE TO: CITY OF ADAIRVILLE, KENTUCKY

COMPUTATION OF LICENSE FEE

1. Net Profits or Wages Subject to License Fee (Line 9, Schedule A, Page 2.)	$	
2. Adairville License Fee at 1.5%	$	
3. Less Credits $ _____ Payments on Quarterly Returns $ _____ Total	$	
4. TOTAL (Item 2 Minus Item 3)	$	
5. Interest 2/3 of 1% Per Month if delinquent	$	
6. Penalty $10.00 Plus Month not exceeding 10% of delinquent	$	
7. BALANCE DUE (Items 4, 5, and 6)	$	

(QUESTIONS, ANSWER FULLY)

1. Check Which ☐ Corporation, ☐ Partnership, ☐ Individual Owner ☐ Fiduciary, ☐ Other (State) _____

2. Date Business Started or Trust Created _____

3. Did you Pay A Business Privilege License for 20____? _____ (Yes or No)

4. If Organization was Discontinued, State Whether by Dissolution _____ or Sale _____

If by Sale, Give Name and Address of Successor Organization.

5. Did You Have Any Employees in 20____? _____ (Yes or No)

6. Has Adairville License Fee Been Withheld From All Subject Employees, and Remitted Quarterly in Accordance With the Regulations? _____ (Yes or No)

If Answer is "No"
Explain: _____

7. Has Return of Information for Each Employee, as Per the Regulations, Been Forwarded to the Finance Officer? _____ (Yes or No)

8. Check Whether this Return is Prepared on Cash _____ or Accrual _____ Basis.

9. Show Name and Address of Each Place of Business Operated Subject to the Adairville License Fee and check if not included in this Return.

	NOT INCLUDED

CERTIFICATE

I HEREBY CERTIFY That the statements made herein and in any supporting schedule or exhibit are true, correct and complete.

(Signature of License Fee Payer) ..... Date ..... 20 .....

This return must be filed with full payment of the fee on or before May 1, of each year, or on or before the first day of the 5th month following the close of the fiscal year, with the Director of Finance, P.O. Box 185, Adairville, Ky.

PREPARED BY _____

ADAIRVILLE, KENTUCKY

SCHEDULE A

Computation of Net Profits Subject to License Fee

1. Gross Income Per Federal Return		
2. Total Deductions Per Federal Return (If Federal Return Is Form 1040 Do Not Include Page 3 Deductions or Personal Exemptions.)		
3. Net Income Per Federal Return, (Check one) Form 1040 _____; 1041 _____; 1065 _____; 1120 _____		
4. Add Items Not Deductible Under License Fee Ordinance		
5. Total (Line 3 plus Line 4)		
6. Deduct Item Not Subject Under License Fee Ordinance (Itemize)		
7. Adjusted Income For Calendar Year 20 ____ or Fiscal Year Ending .....20 ____		
8. Per Cent (As Determined by Schedule B)		%
9. Net Profits Subject to Adairville License Fee — Enter as Item 1, Page 1		

SCHEDULE B

BUSINESS ALLOCATION PERCENTAGE FORMULA

Divide (A) by (B) to obtain Decimal — Carry Out Decimal at Least 6 Places

ALLOCATION FACTOR	COL. 1 Adairville, Ky. FACTOR (A)	COL. 2 TOTAL FACTOR (B)	COL. 3 PERCENTAGE
1. Gross Sales of Merchandise, Less Returns and Allowances (Do not include Discounts Allowed)			
Charges for Work or Service Performed			
Other Income			
Total Business Receipts Factor			%
2. Wages, Salaries, and Other Personal Service Compensation			
Total Net Wages Factor			%
3. Total Percents			%
4. Average Percentage			%
(Line 3 Divided by Number of Percents) (Carry Percentage to Line 8, Schedule A)			

During the past year, did Federal or State authorities change or purpose to change net income or sales tax return for this or any prior year? _____(If yes attach statement of changes.)

Items not deductible under this ordinance is: Federal, State or local taxes based upon income, partner's salaries. Items not subject to this ordinance is dividends and interest. For additional items please consult the ordinance. If this is a business attach copies of schedules C, F, of form 1040, or applicable schedules of partnerships corporations, and Fiduciaries.