



"Bridging the Past and the Future"
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City of Greensburg LICENSE FEE RETURN

Account Number, Name & Address of Business

Year Ended

Due Date

SCHEDULE A

1. Total Gross income per Federal Return, Form _____	\$	
2. Total Business Deductions per Federal Return		
3. Net Business income per Federal Return		
4. ADD items not deductible (Line F, Schedule B)		
5. Total (Line 3 plus Line 4)		
6. DEDUCT items not subject (Line M, Schedule B)		
7. ADJUST NET BUSINESS INCOME (Line 5 less Line 6)		
8. If Schedule C (Line 4) is used enter here AVERAGE PERCENTAGE	%	
9. NET PROFITS subject to GREENSBURG License Fee (Line 7 x Line 8)		
10. GREENSBURG License Fee @ 1% of amount Line 9		
11. Credits - Initial License Fee _____ and/or Estimated Payment _____		
12. Balance (Line 10 minus Line 11)		
13. Penalty 10%		
14. Total due (Lines 12 plus Line 14)		

* ENCLOSE ONE COPY OF FEDERAL RETURN AS APPLICABLE

MAKE CHECK PAYABLE TO:
CITY OF GREENSBURG

MAIL TO:
**CITY OF GREENSBURG
OCCUPATIONAL TAX COLLECTOR
110 WEST COURT STREET
GREENSBURG, KY 42743
(270) 932-4298**

SCHEDULE B

NOTE: ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME FOR FEDERAL RETURN

ITEMS NOT DEDUCTIBLE - ADD		ITEMS NOT DEDUCTIBLE - DEDUCT	
A. State or Local taxes based on income	\$	G. Interest on Corporate Bonds	\$
B. License Fee under this ordinance		H. Interest on U.S. Government Bonds	
C. Net Operating Loss Deduction		I. Royalties on Patents, Copyrights	
D. Partner's Salaries (attach schedule)		J. Dividends	
E. Other items (list)		K. Other - e.g., Alcoholic Bev Net, etc.	
F. TOTAL ADDITIONS (enter on Line 4)	\$	L. TOTAL DEDUCTIONS (enter on Line 6)	\$

SCHEDULE C

BUSINESS ALLOCATION PERCENTAGE - DIVIDE (COL. A) by (COL. B) to obtain decimal. Carry out at least 6 places.

Allocation Factors	Column A GREENSBURG Factor	Column B Total Factor	Column C Percentage
1. Total Gross Business Receipts	\$	\$	%
2. Total Wages, Salaries, and Other Personal Service Compensation Paid to Employees	\$	\$	%
3. TOTAL PERCENTS			%
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents)		Enter on Line 8	%

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

Signature of Individual Preparing Return	Return Must Be Signed	Signature of Taxpayer	Date
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This return must be filed and paid in full on or before April 15th .

****A COPY OF TAX RETURNS MUST BE ATTACHED****

******MAIL IN A COPY OF STATE AND/OR FEDERAL REQUEST FOR EXTENSION ******

PLEASE MAKE A COPY OF THIS RETURN FOR YOUR RECORDS