



CITY OF GREENSBURG

LICENSE FEE RETURN

Name and Address of Business

ACCOUNTING

YEAR ENDED

Calendar

PIDN

PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE

SCHEDULE A

1. Total Gross income per Federal Return, Form _____ (see attached copy) \$ _____
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 (Line 12 plus Line 13 plus Line 14) \$ _____

* ENCLOSE ONE COPY OF FEDERAL RETURN AS APPLICABLE (SEE INSTRUCTIONS)

MAKE PAYABLE TO:
CITY OF GREENSBURG

MAIL TO:
CITY OF GREENSBURG
OCCUPATIONAL TAX COLLECTOR

110 WEST COURT STREET
GREENSBURG, KY 42743

SCHEDULE B

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

ITEMS NOT DEDUCTIBLE - ADD

- A. State or Local taxes based on income..... \$ _____
- B. License Fee under this ordinance..... _____
- C. Net Operating Loss Deduction..... _____
- D. Partner's Salaries (attach schedule)..... _____
- E. Other items (list)..... _____
- F. TOTAL ADDITIONS (enter on Line 4)..... \$ _____

ITEMS NOT DEDUCTIBLE - DEDUCT

- G. Interest on Corporate Bonds..... \$ _____
- H. Interest on U.S. Government Securities..... _____
- I. Royalties on Patents, Copyrights..... _____
- J. Dividends..... _____
- K. Other - e.g., Alcoholic Bev Net, etc..... _____
- (Attach Schedule)
- 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 (see attached)	\$ _____	\$ _____	%
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.

RETURN MUST

Signature of Individual Preparing Return

BE SIGNED

Signature of Taxpayer

Date

This return must be filed and paid in full on or before **APRIL 15**.

****MAIL IN A COPY OF STATE OR FEDERAL REQUEST FOR EXTENSION OF TIME****
PLEASE MAKE A COPY OF THIS RETURN FOR YOUR RECORDS