

# MONTGOMERY COUNTY TREASURER NET PROFITS LICENSE FEE RETURN



Attach a copy of Federal Tax Return used as a basis of License Fee plus appropriate schedules.

 INDICATE ANY NAME OR ADDRESS CHANGE ABOVE  <b>QUESTIONS (ANSWER IN FULL)</b> 1. Nature of Business _____ 2. Date Business Started in Montgomery County _____ 3. If Business was Discontinued, State When _____ Dissolution <input type="checkbox"/> or Sale <input type="checkbox"/> If by sale, give Name and Address of successor. 4. Did you have employees in This County? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Has Montgomery County License Fee been withheld from all subject employees and remitted in accordance with Regulations? If answer is No, explain <input type="checkbox"/> Yes <input type="checkbox"/> No	ACCOUNT NO. _____  Federal ID No. _____	CALENDAR/FISCAL YEAR ENDED <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> DUE DATE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	MONTH	DAY	YEAR						
	MONTH	DAY	YEAR								
6. Basis upon which tax return is prepared <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Attach a copy of Federal Tax Return plus appropriate schedules.											
7. Business Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Prop. <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other (Specify) _____											
8. Has the IRS changed the Net Income as originally reported for any prior year? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Schedule of Changes for each year)											

## SCHEDULE A

<b>FOR OFFICIAL USE ONLY</b>  <b style="color: red;">Make checks payable and mail to:</b> <b>MONTGOMERY COUNTY TREASURER</b> 44 WEST MAIN STREET, SUITE C MT. STERLING KY 40353  Phone Number (859) 498-5389 mary.blevins@ky.gov	1. Total Gross Receipts 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. Adjusted Net Business Income (Line 5 less Line 6) _____ 8. Average Percentage for Montgomery County (Apportionment, Schedule C) _____ 9. Net Profits subject to Montgomery County License Fee (Line 7 x Line 8) _____ 10. Montgomery County License Fee <b>2.0000%</b> of line 9 _____ 11. Interest - <b>10.00 %</b> per month or portion of month. _____ 12. Penalty - <b>1.50 %</b> per month or portion of month. _____ 13. Total (Lines 10+11+12) _____ 14. Less Credits for Prior Payments _____ 15. BALANCE DUE (Line 13 less Line 14) pay this amount _____
--	---

## SCHEDULE B

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

<b>ITEMS NOT DEDUCTIBLE - ADD</b> A. State or Local taxes based on income _____ B. Ordinary Gain _____ C. Net Operating Loss Deduction _____ D. Partners' Salaries (attach Schedule) _____ E. Other Items (attach list) _____ F. TOTAL ADDITIONS (enter on line 4) _____	<b>ITEMS NOT SUBJECT - DEDUCT</b> G. Interest on Corporate Bonds _____ H. Interest on US Government Securities _____ I. Royalties on Patents, Copyrights _____ J. Dividends _____ K. Ordinary Loss _____ L. Other (attach schedule) _____ M. 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 <small>Montgomery County</small>	COLUMN B <small>Total Factor</small>
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 information, schedules, statements and exhibits filed herewith are true and correct and complete to the best of my knowledge.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR

Return must be filed even if there is a Net Loss.