

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.

<p>INDICATE ANY NAME OR ADDRESS CHANGE ABOVE</p> <p>QUESTIONS (ANSWER IN FULL)</p> <p>1. Nature of Business _____</p> <p>2. Date Business Started in Montgomery County _____</p> <p>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.</p> <p>4. Did you have employees in This County? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p>	ACCOUNT NO.	CALENDAR/FISCAL YEAR ENDED		
		MONTH	DAY	YEAR
		DUE DATE		
	Federal ID No. <input style="width: 100%;" type="text"/>			

SCHEDULE A

<p style="text-align: center; font-weight: bold;">FOR OFFICIAL USE ONLY</p> <p style="color: red; font-weight: bold; margin-top: 20px;">Make checks payable and mail to:</p> <p style="font-weight: bold; color: blue;">MONTGOMERY COUNTY TREASURER</p> <p style="font-size: small;">44 WEST MAIN STREET MT. STERLING KY 40353</p> <p style="font-size: small; margin-top: 10px;">Phone Number (859) 498-5389 mary.blevins@ky.gov</p>	<ol style="list-style-type: none"> 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 1.0000% of line 9 _____ 11. Interest - 10.00 % per month or portion of month. _____ 12. Penalty - 1.50 % 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 _____ 	
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SCHEDULE B

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

<p style="text-align: center; font-weight: bold; color: blue;">ITEMS NOT DEDUCTIBLE - ADD</p> <p>A. State or Local taxes based on income <input style="width: 100%;" type="text"/></p> <p>B. Ordinary Gain <input style="width: 100%;" type="text"/></p> <p>C. Net Operating Loss Deduction <input style="width: 100%;" type="text"/></p> <p>D. Partners' Salaries (attach Schedule) <input style="width: 100%;" type="text"/></p> <p>E. Other Items (attach list) <input style="width: 100%;" type="text"/></p> <p>F. TOTAL ADDITIONS (enter on line 4) <input style="width: 100%;" type="text"/></p>	<p style="text-align: center; font-weight: bold; color: blue;">ITEMS NOT SUBJECT - DEDUCT</p> <p>G. Interest on Corporate Bonds <input style="width: 100%;" type="text"/></p> <p>H. Interest on US Government Securities <input style="width: 100%;" type="text"/></p> <p>I. Royalties on Patents, Copyrights <input style="width: 100%;" type="text"/></p> <p>J. Dividends <input style="width: 100%;" type="text"/></p> <p>K. Ordinary Loss <input style="width: 100%;" type="text"/></p> <p>L. Other (attach schedule) <input style="width: 100%;" type="text"/></p> <p>M. TOTAL DEDUCTIONS (enter on line 6) <input style="width: 100%;" type="text"/></p>
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SCHEDULE C

Business Allocation percentage-Divide (Col. A) by (Col. B) to obtain decimal. Carry out at least 6 places.

ALLOCATION FACTORS	COLUMN A Montgomery County	COLUMN B Total Factor
1. Total Gross Business Receipts	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2. Total Wages, Salaries and Other Personal Service Compensation Paid to Employees	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. TOTAL PERCENTS		<input style="width: 100%;" type="text"/>
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....Enter on line 8		<input style="width: 100%;" type="text"/>

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct and complete to the best of my know

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.