

Net Profit License Fee Return (Please attach a copy of the return)

Federal ID or Social Security Number _____ Year Ended _____

Name: _____

Address: _____

City/State/Zip: _____

1. Check One: _____ Corporation _____ S-Corp. _____ Partnership _____ Individual
 _____ Fiduciary _____ Other _____
2. Nature of Business: _____ Number of Employees _____.
3. Have Federal authorities changed the net income as originally reported for any prior year?
 _____ Yes _____ No.
4. Telephone Number: (Business) _____ (Home) _____
5. If organization was discontinued, state when _____
 Name and address of Successor _____

Schedule A

1. Net Income per tax return: ATTACH FEDERAL FORM USED		1	\$ _____
2. Add items not deductible (Line F Schedule B)		2	_____
	SUBTOTAL		_____
3. Deduct items not subject to tax (Line L Schedule C)		3	_____
	ADJUSTED NET INCOME		_____
4. Enter average percentage from Schedule D (If used)		4	_____
5. Net Profits Subject to License Fee		5	_____
6. City License Fee		6	_____ .65 %
7. Credits or Estimated Payments (Deduct only if paid in advance)		7	_____
	TOTAL DUE		_____
8. Penalty _____ Interest _____		8	_____
	BALANCE DUE		_____

Schedule B-Items Not Deductible

- A. State or local taxes based on income \$ _____
- B. Capital Losses _____
- C. Net operating loss deduction _____
- D. Guaranteed payments to partners _____
- E. Other non deductible items _____
- F. Total additions \$ _____

Schedule C- Items Not Subject to Tax

- G.. Interest _____
- H. Dividends _____
- I Capital Gains _____
- J. Royalties _____
- K Other non taxable items _____
- L Total deductions _____

Schedule D- Business Allocation

Allocation Factor	<u>In City</u>	<u>Total</u>	<u>Column C</u>
M. Gross Income (if not applicable, write N/A in Col. C.)	_____	_____	%
N. Total wages, salaries & other compensation (if not applicable, write N/A in Column C)	_____	_____	%
O. Total percents (Line M plus Line N)	_____	_____	%
P. Average Percentage (Line O divided by appl. percent) Enter on line 6	_____	_____	%

 Signature of Taxpayer

 Signature of Preparer

Make check or money order payable to the City of Stanford Tax Administrator Mail to City of Stanford, Kentucky 305 East Main Street, Stanford, KY 40484. This return is due by April 15th or 105 days after the fiscal year end.