



NET PROFITS LICENSE FEE RETURN
CITY OF ELIZABETHTOWN

City I.D.
 Number Assigned:

RETURNS MUST BE FILED WITH SUPPORTING SCHEDULES ATTACHED
 Sole Proprietor-Form 1040, Schedule C or E C Corporation -Form 1120
 Partnership-Form 1065 S Corporation -Form 1120S

CALENDAR YEAR :
OR
FISCAL YEAR ENDED 12

MO.	DAY	YEAR

DUE DATE : 4/15/20
 (105 days from close of fiscal year)

(PRINT NAME AND ADDRESS ABOVE - CHANGE IF NOT CORRECTLY SHOWN) **ANSWER ALL QUESTIONS FULLY**

- Check Which Corporation, Partnership, Individual Owner, Fiduciary, Other
- Was Organization Discontinued? Date _____ by Dissolution or Sale
- Do you lease your location in Elizabethtown? **YES / NO** _____
 If Yes, List Name and Address of Landlord -> _____

SCHEDULE A

- Net Income Per Federal Return: Form 1120 _____ Form 1065 _____ \$ _____
 1040 Schedule C _____ 1040 Schedule E _____ Other _____ \$ _____
- Less: Income Not Subject to Elizabethtown from Schedule B \$ _____
- Add: Items Not Deductible from Schedule B \$ _____
- Total Net Profits Subject to License Fee \$ _____
- Allocation Factor from Schedule C \$ _____
- Taxable Income (Line 5 x Line 4) \$ _____
- Elizabethtown License Fee (Line 6 x 1.35 %)..... \$ _____
- Interest 1.00% Per Month if Delinquent \$ _____
- Penalty 5% Per Month not exceeding 25% if Delinquent..... \$ _____
- Less Credits for Minimum License Fee Paid _____ DCR# _____ \$ _____
- TOTAL DUE \$ _____
- Less Estimated Payments \$ _____
- 13. BALANCE DUE** (If less than Zero, Enter Zero) \$ _____ **<--PAY**

INCOME NOT SUBJECT-DEDUCT

- Interest Income _____
 - Dividend Income _____
- Total Deductions**
 (Enter on Line 2 Schedule A) _____

SCHEDULE B

ITEM NOT DEDUCTIBLE-ADD

- \$25.00 Minimum License Fee _____
 - State/Local Income Taxes _____
 - Net Operating Loss Claimed _____
 - Guaranteed Payments to Partners _____
 (Form 1065 only)
- Total Additions**
 (Enter on Line 3 Schedule A) _____

ALLOCATION FACTORS SCHEDULE C

- Total Business Receipts Factors
- Total Wages, Salaries & Other Personal Service Compensation Paid to Employees
- Total Percents
- Average Percentage
 (Line 3 divided by number of percents)

COL. A E'TOWN FACTOR	COL. B TOTAL FACTOR	COL. C PERCENTAGE

I HEREBY CERTIFY That the statements made herein and any supporting schedule or exhibit are true, correct and complete. (Signature of License Fee Payer) _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
 DIRECTOR OF FINANCE, CITY OF ELIZABETHTOWN, KY
 P.O. BOX 550, ELIZABETHTOWN, KY 42702-0550

DATE _____ 20____

Forms available at www.elizabethtownky.org