

CITY OF WILMORE KENTUCKY - NET PROFIT LICENSE FEE RETURN		<i>Fiscal Yr Ended</i> _____	
210 S. Lexington Ave., Wilmore, KY 40390 (859) 858-4411 ; FAX (859) 858-3595		Due by April 15	
Name		Are the correct tax documents attached?	Check Below
D/B/A	Account #	<ul style="list-style-type: none"> Federal Form 1040; Sch(s) C, E, F Federal Tax Form 1065 	
Business Address		<ul style="list-style-type: none"> Federal Tax Form 1120 	
City, State and Zip		<ul style="list-style-type: none"> Federal Tax Form 1120S; Form 8825 (if applicable) 	
(Checks Are Payable to: CITY OF WILMORE)		<ul style="list-style-type: none"> Federal Forms 1099 	

Section A

- Circle Appropriate Form of Business: C Corporation, S Corporation, LLC, Partnership, Individual Owner
- Social Security and/or Federal ID Number(s) _____
- Do you have employees working in the City limits this year? (Circle One) Yes No
- Have Federal Authorities changed the net income as originally reported for any prior years? Yes No Year
- Business phone: _____ Home phone _____ Cell Phone _____
- Do you operate additional businesses? (Circle One) Yes No ;
- If Question 6 was "Yes", Give Names of Additional Businesses _____

Section B

8. Total Gross income per attached Return		\$
9. Total Deductions per attached Return		\$
10. Net Income per attached Return		\$
11. Add items not deductible (Line H Section C)		\$
12. Total (Line 10 plus Line 11)		\$
13. Deduct Items Not Subject (Line N, Section C)		\$
14. Adjusted Net Income (Line 12 less Line 13)		\$
15. If Section D is used enter Average Percentage (Line R)		\$
16. Net Profit subject to License Fee (Line 14 x Line 15)		\$
17. License Fee (Line 16 x 2.0%)		\$
18. Credits - Any Estimated Payments for tax year		\$
19. Balance (Line 17 less Line 18)		\$
20. Interest 1% per month or part of month		\$
21. Penalty 5% of unpaid balance or \$25.00 whichever is greater		\$
22. Total amount due (Line 19 plus Line 20 plus Line 21)		\$

Section C

ADD Items Subject to Tax		DEDUCT Items Not Subject-	
A. State or Local Taxes	\$	I. Interest Income	\$
B. License Fee under this Ordinance	\$	J. Dividends	\$
C. Net loss from Capital Assets	\$	K. Net Gain from Capital Assets	\$
D. Ordinary Losses (Form 4797)	\$	L. Ordinary Gains (Form 4797)	\$
E. Net Operating Loss Deduction	\$	M. Other Items (Attach Schedule)	\$
F. Partners Guaranteed Payments (Attach Schedule)	\$	N. Total Deductions (Enter on Line 13)	\$
G. Other Items (Attach Schedule)	\$		
H. Total Additions (Enter on Line 11)	\$		

Section D			
Allocation Factors			
	Col A Wilmore		Col B Total
			Col C Percentage
O Gross Income (If not applicable write NA)	\$	\$	
P. Total Wages (If not applicable write N/A)	\$	\$	
Q. Total Percents (Line O plus Line P)			%
R. Average % (Line Q divided by number of applicable percents)			%

I hereby certify that the statements made herein and in supporting schedules are true, correct and complete to the best of my knowledge.

Signature of Individual Preparing Return

Date

Signature of Taxpayer

Date