

Warren County Occupational License NET PROFITS LICENSE FEE RETURN

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|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------|-----------|--------------|
| Name and Address of Business Phone Number () _____ INDICATE ANY NAME OR ADDRESS CHANGE ABOVE | ACCOUNT NO. _____ | CALENDAR/FISCAL YEAR ENDED | | |
| | | MONTH 12 | DAY 31 | YEAR 2024 |
| | OFFICE HOURS: 8:00 - 4:00 MON - FRI | DUE DATE | | |
| | TELEPHONE (270) 842-5805 | 04 | 15 | 2025 |

Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)
 Federal ID No. _____

QUESTIONS (ANSWER IN FULL)

1. Nature of Business _____

2. Date Business Started in Warren County _____

3. If Business was Discontinued, State When _____
 Dissolution or Sale If by sale, give Name and Address of successor _____

4. Did you have employees in Warren County? Yes No

5. Basis upon which tax return is prepared Cash Accrual

6. Business Type: C-Corp S-Corp Partnership Sole-Prop.
 Fiduciary Other (Specify) _____

7. Has the IRS changed the Net Income as originally reported for any prior year? No Yes (Attach Schedule of Changes for each year)

SCHEDULE A

| | |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">FOR OFFICIAL USE ONLY</p> Rec'd _____ Ck. No. _____ Amount _____ Posted _____ By _____ | <ol style="list-style-type: none"> 1. NET Business income per Federal Tax Return 2. ADD Items not Deductible (Line F, Schedule B Below) 3. TOTAL (Line 1 Plus Line 2) 4. DEDUCT Items not subject (Line L, Schedule B) 5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4) 6. If Sch. C (line 4) is used enter here AVERAGE PERCENTAGE 7. NET PROFITS subject to License Fee (Line 5 x Line 6) 8. Prior year adjustments 9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE" 10. License Fee - 1.0000% of line 9 11. Interest - 12.00 % annual percentage rate 12. Penalty - 5.00 % per month or portion of month. 13. Total (Lines 10+11+12) 14. Less Credits - () ESTIMATE () OTHER 15. BALANCE DUE (Line 13 less Line 14) pay this amount 16. If estimate overpaid Indicate () Refund or () Credit |
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Make checks payable and mail to:
Warren County Occupational License

 429 E. 10TH ST. STE 200
 Bowling Green KY 42101
 Phone Number (270) 842-5805

SCHEDULE B

NOTE: ADD AND OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING 1 INCOME PER FEDERAL RETURN

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">ITEMS NOT DEDUCTIBLE - ADD</p> A. State or Local taxes based on income _____ B. Capital Gain _____ C. Net operating Loss Deduction _____ D. _____ E. _____ F. TOTAL ADDITIONS (enter on line 2) _____ | | <p style="text-align: center;">ITEMS NOT SUBJECT - DEDUCT</p> G. Interest _____ H. Royalties on Patents, Copyrights _____ I. Dividends _____ J. Capital Loss _____ K. Other (attach schedule) _____ L. TOTAL DEDUCTIONS (enter on line 4) _____ |
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SCHEDULE C

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

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|----------------------------------------------------------------------------------|--|--|--|
| ALLOCATION FACTORS | | | |
| 1. Total Gross Business Receipts (see reverse side) | | | |
| 2. Total Wages, Salaries and Other Personal Service | | | |
| 3. TOTAL PERCENTS <small>Compensation Paid to Employee</small> | | | |
| 4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....Enter of line 6 | | | |

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.
 Signed _____ Title _____ Date _____