## WOODFORD COUNTY TAX ADMINISTRATOR **NET PROFITS LICENSE FEE RETURN**

			T 041 = 1 = 1	2/510.0	TB 51/5-55	
Name and Address of Business		ACCOUNT NO. CALENDAR/FISCAL YEAR ENDED			AR ENDED	
			MONTH	DAY	YEAR	
		OFFICE HOURS:	1			
		7:30-4:00	DUE DATE			
		MON - FRI				
INDICATE ANY NAME OR ADDRESS CHANGE ABOVE		(859) 873-5701	(859) 873-5701 ATTACH A COPY OF YOUR FEDERAL RETURN ALONG WITH 1099'S ISSUED OR A LISTING OF ALL SUBCONTRACTORS			
QUESTIONS (ANSWER IN FULL)		USED.				
Nature of Business		4. Did you have employees in Woodford County? Yes No				
Date Business Started in Woodford County		5. Basis upon which tax return is prepared Cash Accrual 6. Business Type: C-Corp S-Corp Partnership Sole-Prop.				
3. If Business was Discontinued, State When						
Dissolution or Sale If by sale, give Name and Address of successor		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)				
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					KIEG SER	
ANNUAL FARM PAYROLL	17. ENTER ADJUSTED NET PROFIT (from line 16)  18. Enter percentage from line 30.					
PAYROLL						
TATROLL	19. Net Profit Allocation (line 17 x LINE 18)					
	20. License Fee - <b>1.5000%</b> of line 19					
RATE X 1.50%	21. Credits - ( ) Estimated payments or ( ) credit from prior year					
	22. Balance of license fee due (line 20 minus line 21)					
AMOUNT DUE	23. Interest - 12.00 % pe	r annum or 1% per month	Γ			
	Calculate interest on amount owed on line 20 from original due date					
Make checks payable and mail to: 24. Penalty - 25.00 % M 25. BALANCE DUE (lineS		AX: \$25 Min: 5% per month	H			
WOODFORD COUNTY TAX	Refund or ( ) Credit					
ADMINISTRATOR	Refunds will be given for more than \$50.00. Otherwise your account will be credited.					
103 SOUTH MAIN ST ROOM 201		,				
VERSAILLES KY 40383 Phone Number (859) 873-5701						
<b>《新作》</b> 国建全部企业	BUSINESS AP	PORTIONMENT	term out			
APPORTIONMENT FACTORS		Woodford	Total Everywhe	ere P	ercent	
27. Receipts from the sale, lease, or rental of goods, services or proper		erty				
28. Payroll Factor (employee compensation)						
29. TOTAL PERCENTS						
30. AVERAGE PERCENTAGE (Line 29 divided	Enter on line 18; Schedule #					
I hereby certify, under penalty of perjury, that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.						

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. INCLUDE A COPY OF YOUR FEDERAL RETURN

