

CITY OF RUSSELL - LICENSE FEE DIVISION
P.O. BOX 473
RUSSELL, KY 41169-0473
606 833-9555

NET BUSINESS PROFITS LICENSE FEE RETURN

FOR THE CALENDAR YEAR _____

OR OTHER TAX YEAR BEGINNING _____, 20____ AND ENDING _____, 20____

Due date is the 15th of the 4th month following the close of the tax year

Company Name	Federal ID Number
Trade Name (If different)	Type of Entity
Mailing Address	Principal Business Activity
City, State, Zip	Date Business Commenced
Street Address (If different)	Telephone Number
City, State, Zip	Tax Matters Person

21.	Individuals, Partnerships, Corporations – Enter “Adjusted Net Profit” from Line 16	
22.	Enter Percentage from Line 20	
23.	Net profits subject to license fee (Line 21 x Line 22)	
24.	License fee – Greater of 1.5 % (.015%) of line 23 or minimum annual fee (\$100.00)	
25.	Credit of minimum annual license fee	
26.	Overpayment from 20____ allowed as credit	
27.	20____ estimated license fee payments	
28.	Total Credits (Add Lines 25 through 27)	
29.	License fee due (Subtract Line 28 from Line 24)	
30.	Penalty @ 10%	
31.	Interest @ 8% per annum	
32.	TOTAL BALANCE DUE (Add Lines 29 through 31)	
33.	OVERPAYMENT (Subtract Line 28 from Line 24)	
34.	Enter amount of line 33 you want credited to 20____ estimate	
35.	Refund (Subtract Line 34 from Line 33)	

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than licensee) is based on all information of which preparer has any knowledge.
	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Title Date </div> Signature of Officer
Preparer's Use Only	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Title Date </div> Signature of Preparer
	Firm's Name and Address

		Individual	Partnership	Corporation
1.	Non-employee compensation as reported on Form 1099-Misc reported as "other income" on Federal 1040. (Attach page 1 of Form 1040 and Form 1099 or the complete Form 1040 PC)			
2.	Net profit or (loss) per Federal Schedule C of Form 1040. (Attach Schedule C, Pages 1 and 2, Schedule C-EZ, or the complete Form 1040 PC)			
3.	Rental income or (loss) per Federal Schedule E of Form 1040. (Attach Schedule E or the complete Form 1040 PC)			
4.	Net farm profit or (loss) per Federal Schedule F of Form 1040. (Attach Schedule F, pages 1 and 2, or the complete Form 1040 PC)			
5.	Gain or (loss) on the sale of property used in a trade or business per Federal Form 1040. (Attach appropriate Federal Forms and Schedules)			
6.	Ordinary income or (loss) per Federal Form 1065. (Attach Form 1065, Pages 1,2, and 3, Schedule of Other Deductions, and Rental Schedule(s) if applicable)			
7.	Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S. (Attach the Applicable Form 1120 or 1120A, pages 1 and 2 or 1120S, Pages 1,2, and 3, Schedule of other Deductions and Rental Schedule(s) if applicable)			
8.	State Income Taxes and Occupational License Fees deducted on the Federal Schedule C, E, F or Form 1065, 1120, 1120A, or 1120S.			
9.	Additions from Schedule K of Form 1065 or Form 1120S. (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s) if applicable)			
10.	Net Operating Loss deducted on Form 1120			
11.	Total Income (Add Lines 1 through Line 10)			
12.	Subtractions from schedule K of Form 1065 or Form 1120S. (Attach schedule K of Form 1065 or 1120S and Rental Schedule(s) if applicable)			
13.	Other Adjustments (Attach Schedule)			
14.	Non Taxable Income (Attach Schedule)			
15.	Total deductions (Add Lines 12 through Line 14)			
16.	"Adjusted Net Profit" (Subtract Line 15 from Line 11)			

APPORTIONMENT PERCENTAGES

		Column A - Russell Factor	Column B - Total Factor	Column A + Column B
17.	GROSS RECEIPTS from sales made and/or services rendered	\$	\$	%
18.	TOTAL WAGES, SALARIES and other compensation of all employees	\$	\$	%
19.	Total Percentages			%
20.	Average Percentage (Line 19 divided by number of percentages)			%

A. FINAL RETURN (Check only to close account) _____ Date operations ceased: _____

B. Was there a change in ownership in the past year? Date of change: _____

Name and address of new owner: _____

C. During the past year did Federal Authorities change or propose to change net income for that year or any prior year? _____

If Yes, which year(s) was affected? (Attach statement of changes) _____

Internal use only

Reconciled By: _____

Date: _____