

CITY OF CYNTHIANA NET PROFITS LICENSE FEE RETURN
104 E. PLEASANT ST., SUITE #1, P.O. BOX 67, CYNTHIANA, KENTUCKY 41031
859-234-7150

Fiscal year end Due Date	Month	Day	Year

Federal ID # _____

PLEASE ANSWER ALL QUESTIONS:

- Nature of business _____
- Date business started in Cynthiana _____
- Was activity in Cynthiana discontinued? No Yes/If Yes, Date: _____
- Business discontinued by dissolution _____ Sale _____
- Name and address of successor _____
- Did you have employees in Cynthiana? _____
- Business type: C-Corp S-Corp
 Fiduciary or Estate Sole Proprietor
 Other _____
- Basis on which tax return is prepared: Cash Accrual
- 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

➤ **Net Business Income Per Federal Tax Return (attach schedule)** _____

- Add Items Not Deductible (Line F, Schedule B (Page 2))..... _____
- Total (Net Business Income Plus Line 2)..... _____
- Deduct Items Not Subject (Line L, Schedule B (Page 2))..... _____
- Adjusted Net Business Income (Line 2 Less Line 3)..... _____
- If Schedule C, Line 4 (Page 2) is used, enter Average Percentage..... _____
- Net Profits Subject to License Fee (Line 4 x Line 5)..... _____
- License Fee** (1½ % of Line 6).....**(\$50.00 Minimum)**.....
Include copy of IRS Extension, if requested.
- Penalty** (5% of tax due per month/Maximum of 25% due/**\$25.00 Minimum**) _____
- Interest** (12% per annum until paid)..... _____
- Total: (Line 7+8+9)**..... _____
- Previous balance due + _____
- Less amount previously paid - _____

13. Balance Due (Total Lines 10, 11, and 12).....

**If an extension is filed, the properly estimated payment
must be remitted by the due date to avoid penalty and interest.**

If Estimate Overpaid Indicate () Refund or () Credit..... _____

A COPY OF FEDERAL TAX RETURN USED AS BASIS OF LICENSE FEE MUST BE INCLUDED!

For office use only
Amount remitted:
\$ _____

SCHEDULE B

Note: Add and/or deduct only those items which are included in calculating net income per federal return.

ITEMS NOT DEDUCTIBLE (ADD)

- A. State or local taxes based on income..... _____
- B. Capital Gain – Business Portion..... _____
- C. Net Operating Loss Deduction..... _____
- D. Partner’s Salaries (Attached Schedule)..... _____
- E. Other Items (List)..... _____
- F. Total Additions (Enter on Line 2 Schedule A)..... _____

ITEMS NOT SUBJECT (DEDUCT)

- G. Interest..... _____
- H. Royalties on Patents, Copyrights..... _____
- I. Dividends..... _____
- J. Capital Loss (50% Deduction)..... _____
- K. Other (Attach Schedule)..... _____
- L. Total Deductions (Enter on Line 4 Schedule A)..... _____

SCHEDULE C

Business Allocation Percentage – Divide Column A by Column B to obtain decimal. Carry out at least six spaces.

Allocation Factors	Column A	Column B City of Cynthiana Only	Column C (%)
1. Total Gross Business Receipts Per Federal Return	_____	_____	_____
2. Total Wages, Salaries, and Other Compensation	_____	_____	_____
3. Total Percentage.....			_____
4. Average Percentage (Line 3 divided by number of Percentages).....			_____

(Enter this amount on Line 6 Schedule A)

PLEASE REMEMBER TO INCLUDE ALL SUPPORTING DOCUMENTATION WITH YOUR RETURN

A COPY OF FEDERAL TAX RETURN USED AS BASIS OF LICENSE FEE MUST BE INCLUDED!

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

Signed: _____

Phone # _____

Title: _____

Date: _____

Make check payable to: **City of Cynthiana**

Mail to: **City of Cynthiana, Director of Finance**
 P.O. Box 67
 Cynthiana, Ky. 41031