

# CITY OF RICHMOND NET PROFIT LICENSE FEE RETURN

ACCOUNT NO.	CALENDAR YEAR	OR	FISCAL YEAR ENDED MO. DAY YEAR

Name and Address of Business

*PLEASE NOTIFY THIS OFFICE OF ANY CHANGE OF OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE*

**QUESTIONS (ANSWER FULLY)**

1. Nature of Business \_\_\_\_\_
2. Date Business started in Richmond \_\_\_\_\_
3. If Organization was discontinued, State when \_\_\_\_\_  
Dissolution \_\_\_\_\_ or Sale \_\_\_\_\_ If by sale, Give name and address of Successor \_\_\_\_\_
4. Number of Employees in Richmond during the year. \_\_\_\_\_
5. Has Richmond License Fee been withheld from all subject employees And Remitted Quarterly in accordance with the regulations?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If answer is "No" explain \_\_\_\_\_
6. Check Which: \_\_\_\_\_ Corporation \_\_\_\_\_ Sub-Chapter S  
\_\_\_\_\_ Partnership \_\_\_\_\_ Individual Owner \_\_\_\_\_ Fiduciary  
\_\_\_\_\_ Other (state) \_\_\_\_\_
7. Basis on which the Return is prepared Cash \_\_\_\_\_ Accrual \_\_\_\_\_
8. Have Federal Authorities changed the Net Income as originally reported for any prior year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If answer is "Yes" attach Schedule of Changes for each year.
9. Telephone Number \_\_\_\_\_
10. Contact Name \_\_\_\_\_

### SCHEDULE A

1. Total Gross Income per Federal Return, Form _____	\$		
2. Total Business Deductions per Federal Return.....	\$		
3. Net Business Income per Federal Return.....	\$		
4. ADD items not deductible (Line G, Schedule B).....	\$		
5. Total (Line 3 plus Line 4).....	\$		
6. DEDUCT items not subject (Line N Schedule B) .....	\$		
7. AJUSTED NET BUSINESS INCOME (Line 5 Less Line 6).....	\$		
8. Enter average percentage allocable to Richmond (Schedule C, Line 4).....		_____ %	
9. NET PROFITS subject to Richmond License Fee (Line 7 x Line 8).....	\$		
10. Richmond License Fee @ 2.00% of amount on Line 9 (Min \$25.00).....	\$		
11. Less Credits _____ Estimated Payments _____	\$		
12. Refund or Credit. If Line 11 is greater than Line 10 Enter difference (Refund _____ Credit _____).....	\$		
13. Balance Due. If Line 10 is greater than Line 11, Enter difference as License Fee Due	\$		
14. Penalty – 5% of tax due per calendar month or fraction of month not to exceed 25% of total tax due however, not less than \$25.00.....	\$		
15. Interest – 12% per anum after due date.....	\$		
16. Total Amount Due (Add Lines 13,14,15).....	\$		

\*ENCLOSE ONE COPY  
OF APPLICABLE  
FEDERAL RETURN  
INCLUDING SUPPORTING  
STATEMENTS

MAKE CHECK PAYABLE  
TO:  
CITY OF RICHMOND  
MAIL TO:  
CITY OF RICHMOND  
P.O. BOX 1268  
RICHMOND, KY 40476-1268  
PHONE: (859) 623-1000  
FAX: (859) 624-2753

### SCHEDULE B NOTE:

ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME PER FEDERAL RETURN

ITEMS NOT DEDUCTIBLE – ADD		ITEMS NOT SUBJECT - DEDUCT	
A. State or Local taxes based on income	\$	H. Interest on Corporate Bonds	\$
B. License Fee under this Ordinance	_____	I. Interest on U.S. Government Securities	_____
C. Capital Gain	_____	J. Royalties on Patents, Copyrights	_____
D. Net Operating Loss Carryover	_____	K. Dividends	_____
E. Partner's Salaries (attach schedule)	_____	L. Capital Loss	_____
F. Other (attach schedule)	_____	M. Other (attach schedule)	_____
G. Total Additions (enter on Line 4)	\$	N. Total Deductions (enter Line 6)	\$

### SCHEDULE C

Business Allocation Percentage – Divide (Col. A) by (Col. B) to obtain decimal. Carry out to at least six places.

ALLOCATION FACTORS	Column A Richmond Factor	Column B Total Factor	Column C Percentage
1. TOTAL GROSS BUSINESS RECEIPTS.....	\$	\$	%
2. Total Wages, Salaries and Other Personal Service Compensation Paid to employees	\$	\$	%
3. TOTAL PERCENTS.....			%
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents)		Enter on Line 8.....	%

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

**Return Must Be Signed**

Signature of Individual Preparing Return	Date	←————→	Signature of Taxpayer	Date
--	------	--------	-----------------------	------

This return must be filed and paid in full on or before **APRIL 15**, or within 105 days after close of the fiscal year, sale, liquidation, or transfer.