

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
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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.