



CITY OF FRANKFORT, KY
 License Fee Division
 P O Box 697
 Frankfort, KY 40602
 (502) 875-8500
www.frankfort.ky.gov

NET PROFIT LICENSE FEE RETURN

FOR YEAR ENDED	DUE ON OR BEFORE
CITY NET PROFIT ACCOUNT NUMBER	
Date business began: _____ If organization was discontinued, state when Dissolution _____ Sale _____ Final Return _____	
S.S. # OR FED. I.D. #	
PLEASE MAKE COPY FOR YOUR RECORDS	

MAILING ADDRESS

<p>COPY OF APPLICABLE FEDERAL RETURN OR SCHEDULE MUST BE ENCLOSED Fed. Sch. C (1040) Fed. 1041 Fed. 1065 Fed. 1120</p> <p>FEDERAL RETURN SHOULD INCLUDE: 1.) Cost of Goods Sold Schedule 2.) Schedule of "Other Deductions"</p> <p>***EXTENSIONS- To be granted an extension, please forward a copy of your Federal Extension to our office. Extensions must be received on or before the date of this return. ***</p>	<p>1. Total Gross income per Federal Return, Form _____ \$ _____</p> <p>2. Total Business Deductions per Federal Return \$ _____</p> <p>3. Net Business Income per Federal Return \$ _____</p> <p>4. ADD items not deductible (Line F, Schedule B) \$ _____</p> <p>5. Total (Line 3 plus Line 4) \$ _____</p> <p>6. DEDUCT items not subject (Line M, Schedule B) \$ _____</p> <p>7. ADJUSTED NET BUSINESS INCOME (Line 5 Less Line 6) \$ _____</p> <p>8. If schedule C (Line 4) is used, enter AVERAGE PERCENTAGE _____ %</p> <p>9. NET PROFITS subject to Frankfort License Fee (Line 7 x Line 8) \$ _____</p> <p>10. Frankfort License Fee @ 1.75% of amount on Line 9 \$ _____</p> <p>11. Minimum License Fee - see instructions \$ _____ 35.00 _____</p> <p>12. Compare Amounts on Line 10 and Line 11. Enter Larger Amount \$ _____</p>
<p>BUSINESS CLASSIFICATION (CHECK ONE): <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OTHER</p> <p>Make check payable to: Director of Finance, City of Frankfort</p> <p>Mail to: LICENSE FEE DIVISION MUNICIPAL BUILDING P O BOX 697 FRANKFORT, KY 40602</p>	<p>13. Credits, Estimated Payments and/or 1st Year Registration \$ _____</p> <p>14. Refund or Credit. If Line 13 is greater than Line 12 Enter Difference \$ _____ (Refund _____ Credit _____)</p> <p>15. Balance Due, If Line 12 is Greater Than Line 13, Enter Difference as License Fee Due \$ _____</p> <p>16. Late Payment Penalty- 5% Per Month or Portion of Month Not to Exceed 25%. However it shall Not be Less Than \$25.00 \$ _____</p> <p>17. Interest - 1% Per Month or Portion of Month Until Paid \$ _____</p> <p>18. Total Amount Due (Add Lines 15, 16, 17) \$ _____</p>

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. License Fee under this Ordinance \$ _____
- C. Net Operating Loss Carryover \$ _____
- D. Partner's Salaries (Attach Schedule) \$ _____
- E. Other (Attach Schedule) \$ _____
- F. TOTAL ADDITIONS (enter on line 4) \$ _____

ITEMS NOT SUBJECT - DEDUCT

- H. Interest on Corporate Bonds \$ _____
- I. Interest on U.S. Govt Securities \$ _____
- J. Royalties on Patents, Copyrights \$ _____
- K. Dividends \$ _____
- L. Other - Attach Schedule \$ _____
- M. TOTAL DEDUCTIONS (enter on line 6) \$ _____

Schedule C

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

Allocation Factors	Column A Frankfort Factor	Column B Total Factor	Column C Percentage
1. Total Gross Business Receipts			%
2. Total Wages, Salaries & Other Personal Service Comp paid to Employees			%
3. Total Percents			%
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.

Signature of Preparer _____ Date _____ **Return Must Be Signed** Signature of Taxpayer _____ Date _____