

BOYLE COUNTY AND CITY OF DANVILLE ANNUAL LICENSE FEE RETURN

This return is due on or before April 15 for the Calendar Year or within 105 days of the end of your Fiscal Year.

Name and Address of Business or Licensee	Account No.	or Fiscal Year Ended		
	Required!	Mo.	Day	Year
	EVERYONE PAYS BOYLE COUNTY FEES. Danville Fees are in addition for those operating within the City			
		Note: If you are doing business in the City of Danville, you must have a Danville Occupational License. Contact the City at 859-238-1200		
<input type="radio"/> Final Return (check only to close account) Date ceased:		<input type="radio"/> NO ACTIVITY (check box if there was no activity)		

ALL LICENSEES MUST ANSWER QUESTIONS BELOW:

a. Proposed Business Activity _____	Did you make payments to any individual for services rendered in Boyle County or the City of Danville (other than employees) or equivalent? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you are required to file form 1099-SF	
b. What is your SSN (if any) _____ Spouse SSN _____		
c. Federal ID# (if any) _____ <input type="checkbox"/> Check Box if New Number		
d. Primary Telephone No. _____ Other Contact No. _____		
e. During the past year did Federal Authorities change or propose to change net income reported for that year? <input type="checkbox"/> YES <input type="checkbox"/> No If yes what year was adjusted? _____ attach statement of changes		ENCLOSE CHECK OR MONEY ORDER PAYABLE TO "BOYLE COUNTY TAX ADMINISTRATOR" RETURN TO: TAX ADMINISTRATOR'S OFFICE 321 W. Main St., Room 117 Danville, Ky 40422 taxadmin@boylecountyky.gov A \$50 fee will be assessed for returned checks
f. Principal Corporation Administrative Officer's Name _____ Address: _____ SSN# _____		
g. Did you file a consolidated return? <input type="checkbox"/> YES <input type="checkbox"/> No		
h. Was there a change in ownership in the past year? _____ Date of Change _____ Name/Address of New Owner _____		

TO FILE & PAY ONLINE visit www.boylecountyky.gov/191/Occupational-Tax-Business-Information

SECTION A - BOYLE COUNTY	SECTION B - CITY OF DANVILLE
1. Net Profit Per section C from back of return _____	12. Net Profit Per section C from back of return _____
2. Section D, Column D, or 100% _____	13. Section D, Column D, or 100% _____
3. Boyle County Net Profit _____ (Line #1 x Line #2)	14. City of Danville Net Profit _____ (Line #1 x Line #2)
4. Boyle County License Fee _____ (Line #3 x .0125)	15. City of Danville License Fee _____ (Line #3 x .0175)
5. Estimated Payments/Credits (_____)	16. Estimated Payments/Credits (_____)
6. Balance _____ (Line #4 less Line #5)	17. Balance _____ (Line #14 less Line #15)
7. Total Tax Balance Enter greater of line 6 or \$25.00	18. Penalty (5% per month or portion thereof not to exceed 25%) \$25.00 MINIMUM Penalty _____
8. Penalty (5% per month or portion thereof not to exceed 25%) \$25.00 MINIMUM Penalty _____	19. Interest _____ 12% per annum simple interest
9. Interest _____ 12% per annum simple interest	20. Balance (line #17+Line #18 +Line 19) _____
10. Balance (Line #7+Line #8+ Line #9) _____	21. Overpayment <input type="checkbox"/> Apply to next year <input type="checkbox"/> REFUND
11. Overpayment <input type="checkbox"/> Apply to next year <input type="checkbox"/> REFUND	22. Total Owed <div></div>
PAYMENT: If you conduct business in the City Limits of Danville, Proceed to Line # 12. If you only conduct business in the County, pay the amount on Line #10.	PAYMENT: IF PAYING BOTH CITY/COUNTY, ADD Section A Line 10 + Section B Line 20. Make Check Payable to Boyle Co Tax Administrator

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

Signature of Taxpayer _____	Date _____
Preparer Information _____	Date _____

ALL ATTACHMENTS OF YOUR FEDERAL RETURN, AS APPLICABLE.

Complete Section C - Reverse Side

SECTION C

COMPLETE ONLY ONE COLUMN (Whichever is applicable)

INDIVIDUAL

1. Gross wages, salaries, tips, etc. Reported on the Federal Form w-2 from which no occupational taxes were withheld (a) \$ _____ plus deferred compensation from 401 (K), 403 (B) or 457 plans _____ less the related employee business expenses per Federal Form 2106 \$ _____ equals _____
(b) (Attach Form W-2 and Form 2106 or the complete Form 1040 PC) 1c) _____
- (d)
- | COLUMN A
Days Worked in
Boyle County | COLUMN B
Days Worked in
City of Danville | COLUMN C
Days Worked
Total Everywhere |
|--|--|---|
| _____ | _____ | _____ |
- (e) A + C = _____ % x Line 1 c = _____ Enter on Line 22, Column A, C and D
B + C = _____ % x Line 1 c = _____ Enter on Line 22, Column A, C and E

2. Non-employee compensation as reported on Form 1099-Misc reported as "other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099 or the complete form 1040 PC) 2) _____
3. 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) _____
4. Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 or Form 6252, or the complete Form 1040 PC) 4) _____
5. Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E or the complete Form 1040 PC) 5) _____
6. 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) 6) _____
7. Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Form 4797, Pages 1 and 2, or the complete Form 1040 PC) 7) _____
8. 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) 8) _____
9. 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) 9) _____
10. State Income Taxes and Occupational License Fees deducted on the Federal Schedule C, E, F or Form 1065, 1120, 1120A or 1120S 10) _____
11. Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule (s) if applicable) 11) _____
12. Net Operating Loss Deducted on Form 1120 12) _____
13. Total Income (Add Lines 2 through Line 12) 13) _____
14. Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s) if applicable) 14) _____
15. Net Alcoholic Beverage Income (Attach Computation Work Sheet) 15) _____
16. Other Adjustments - (Attach Schedule) 16) _____
17. Non Taxable Income - (Attach Schedule) 17) _____
18. Professional Expenses not reimbursed by the Partnership (Attach Schedule of Expenses) 18) _____
19. Total Deductions (Add Lines 14 through Line 18 inclusive) 19) _____
20. *Adjusted Net Profit* (Subtract Line 19 from Line 13) 20) _____

PARTNERSHIP

CORPORATION

- 8) _____ 9) _____
- 10) _____ 10) _____
- 11) _____ 11) _____
- 12) _____ 12) _____
- 13) _____ 13) _____
- 14) _____ 14) _____
- 15) _____ 15) _____
- 16) _____ 16) _____
- 17) _____ 17) _____
- 18) _____ 18) _____
- 19) _____ 19) _____
- 20) _____ 20) _____

(ATTACH APPROPRIATE FEDERAL SCHEDULES)

COMPUTATION OF APPORTIONMENT PERCENTAGES

SECTION D

All licensees whose business operations were not conducted entirely in the City of Danville or Boyle County outside the City of Danville must complete this part, regardless of profit or loss.

DIVIDE ↓

DIVIDE ↓

APPORTIONMENT FACTORS	COLUMN A BOYLE COUNTY	COLUMN B CITY OF DANVILLE	COLUMN C TOTAL EVERYWHERE	COLUMN D A + C = D BOYLE COUNTY %	COLUMN E B + C = E CITY OF DANVILLE %
21. GROSS RECEIPTS from sales made and/or services rendered . . .	\$ _____	\$ _____	\$ _____	% _____	% _____
22. TOTAL WAGES, SALARIES, and other compensation of all employees (See instructions before completing)	\$ _____	\$ _____	\$ _____	% _____	% _____
23. Total Percentages (Add the percentages computed on Line 21 and 22 of Columns D and E, respectively).				% _____	% _____
24. AVERAGE PERCENTAGE If both entries on Lines 21 and 22, Column C are greater than zero then divide entry on Line 23, Columns D and E, by 2. If Line 21, Column C is greater than zero or Line 22, Column C is greater than zero, but not both, the entry on Line 23, Column D & E, should be transferred to Line 24, Columns D or E as applicable and Line 2, section A and or B as applicable.				% _____	% _____

All Percentages in columns D and E should be carried out five (5) decimal places.