

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				

f. Principal Corporation Administrative Officer's Name	Address:	SSN#	RETURN TO: TAX ADMINISTRATOR'S OFFICE 321 W. Main St., Room 117 Danville, Ky 40422 taxadmin@boylecountyky.gov
g. Did you file a consolidated return? <input type="checkbox"/> YES <input type="checkbox"/> No		Date of Change	A \$50 fee will be assessed for returned checks
h. Was there a change in ownership in the past year?			
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	\$25.00 MINIMUM Penalty		
Enter greater of line 6 or \$25.00	\$25.00 MINIMUM Penalty		
8. Penalty (5% per month or portion thereof not to exceed 25%) \$25.00 MINIMUM Penalty	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		

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)**

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)

INDIVIDUAL

1c) _____

(d)	COLUMN A Days Worked in Boyle County	COLUMN B Days Worked in City of Danville	COLUMN C Days Worked Total Everywhere
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(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)

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)

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)

5. Rental income or (loss) per Federal Schedule E of Form 1040
 (Attach Schedule E or the complete Form 1040 PC)

2) _____

3) _____

4) _____

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)

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)

6) _____

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)

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)

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)

12. Net Operating Loss Deducted on Form 1120
 11) _____

13. Total Income (Add Lines 2 through Line 12)
 12) _____

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)
 13) _____

15. Net Alcoholic Beverage Income (Attach Computation Work Sheet)
 14) _____

16. Other Adjustments - (Attach Schedule)
 15) _____

17. Non Taxable Income - (Attach Schedule)
 16) _____

18. Professional Expenses not reimbursed by the Partnership
 (Attach Schedule of Expenses)
 17) _____

19. Total Deductions (Add Lines 14 through Line 18 inclusive)
 18) _____

20. "Adjusted Net Profit" (Subtract Line 19 from Line 13)
 19) _____

20) _____

8) _____

9) _____

10) _____

11) _____

12) _____

13) _____

14) _____

15) _____

16) _____

17) _____

18) _____

19) _____

20) _____

PARTNERSHIP**CORPORATION****(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.