

**City of Bardstown
Net Profits License Fee Return**

Check which: ___ corporation, ___ partner, ___ individual owner, ___ fiduciary, ___ s-corp shareholder

Name _____
Address _____

Due Date: April 15, _____

FEIN # _____ Acct # _____

Schedule A

1. Net income per federal return: ___ Form 1120, ___ Form 1065, ___ Form 1040, Schedule C, ___ Form 1040, Schedule E, ___ Form 1040, Schedule F, ___ S-Corp Shareholder, ___ Partnership **(do not enter less than zero)**..... _____
2. Less: Income not subject to Bardstown from Schedule B..... < _____ >
3. Add: Items not deductible from Schedule B..... _____
4. Total net profits subject to license fee..... _____
5. Allocation factor from Schedule C..... _____
6. Taxable Income (Line 5 x 4 or 60,000, whichever lesser)..... _____
7. Bardstown license fee (Line 6 x .005)..... _____
8. Interest of 1% per month, if delinquent..... _____
9. Penalty of 1% per month, not exceeding 10% if delinquent..... _____
10. Less credits for minimum license fee paid (new registered business only)..... _____
11. Less city tax withheld on Form W-2 (attach copy)..... _____
12. Balance due (Refund)..... _____

Schedule B

<u>Income not Subject-Deduct</u>		<u>Items not Deductible-Add</u>	
1. Base income	15,000	1. City & County occ tax	_____
2. Interest income	_____	2. Partner's salaries	_____
3. Dividend income	_____	3. Form W-2 from wages earned in city limits	_____
Total Deductions	_____	Total Additions	_____
(Enter on Line 2, Schedule A)		(Enter on Line 3, Schedule A)	

Schedule C: Allocation Factors
(for all except s-corps & partnerships)

	Column A Bardstown Factor	Column B Total Factor	Column C Percentage
1. Total Business Receipts Factors	_____	_____	_____
2. Total wages, salaries, & other personal service compensation paid to employees	_____	_____	_____
3. Total Percents			_____
4. Average Percentage (Line 3 divided by number of percents)			_____

I hereby certify that the statements made herein and any supporting schedules or exhibits are true, correct and complete.

Signature of license fee payer

Date

**Make check or money order payable to: City of Bardstown
Mail to: Finance Department, 220 N. Fifth Street, Bardstown, KY 40004**