




KNOX COUNTY FEE ADMINISTRATOR NET PROFITS LICENSE FEE RETURN



Name and Address of Business  Phone Number <input type="text"/> INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. <input type="text"/>	CALENDAR/FISCAL YEAR ENDED		
		MONTH	DAY	YEAR
		12	31	2010
	OFFICE HOURS: 8:00 - 4:00 MON-FRI	DUE DATE		
		04	30	2011
	(606) 546-8915 knoxcountyky.com/olf.htm	Attach copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)		
		Federal ID No. <input type="text"/>		

QUESTIONS (ANSWER IN FULL)

1. Nature of Business _____

2. Date Business Started in Knox County _____

3. If Business was Discontinued, State When _____
 Dissolution or Sale If by sale, give Name and Address of successor _____

4. Did you have employees in Knox County? Yes No


5. Basis upon which tax return is prepared Cash Accrual

6. Business Type: C-Corp S-Corp Partnership Sole-Prop.
 Fiduciary Other (Specify) _____

7. Has the IRS changed the Net Income as originally reported for any prior year? No Yes (Attach Schedule of Changes for each year)

SCHEDULE A

FOR OFFICIAL USE ONLY			
Rec'd _____	1. NET Business income per Federal Tax Return		
Ck. No. _____	2. ADD Items not Deductible		
Amount _____	3. TOTAL (Line1 Plus Line 2)		
Posted _____	4. DEDUCT Items not subject		
By _____	5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4)		
	6. If Sch. B (line4) is used enter here AVERAGE PERCENTAGE		
	7. NET PROFITS subject to License Fee (Line 5 x Line 6)		
	8. Prior year adjustments		
	9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE"		
	10. License Fee - 1.0000% of line 9		
	11. Interest - 12.00 % per annum.		
	12. Penalty - 5% per month or portion up to 25% min \$25.00		
	13. Total (Lines 10+11+12)		
	14. Less Credits - () ESTIMATE () OTHER		
	15. BALANCE DUE (Line 13 less Line 14) pay this amount		
	16. If estimate overpaid Indicate () Refund or () Credit		

Make checks payable and mail to:
KNOX COUNTY FEE ADMINISTRATOR
 PO BOX 177
 BARBOURVILLE KY 40906
 Phone Number (606) 546-8915


SCHEDULE B

Business Allocation percentage-Divide (Col. B) to obtain decimal Carry out at least 6 places.

ALLOCATION FACTORS	Knox County	Total	Knox Co. / Total
1. Total Gross Business Receipts			
2. Total Wages, Salaries and Other Personal Service			
3. TOTAL PERCENTS			
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents)..... Enter on line 6			

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____ Title _____ Date _____

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR

You must attach a copy of your Federal Return as applicable per KRS-67.768 (2)

