

MARION COUNTY, KENTUCKY
223 N. SPALDING AVE., ROOM 201, LEBANON, KY 40033

MCT FORM 3

(Please Review Instruction Sheet Before Completion)

LICENSE FEE RETURN

BUSINESS NAME			CALENDER OR FISCAL YEAR ENDED		
			MONTH	DAY	YEAR
STREET ADDRESS			FEDERAL TAX ID OR SSN		
CITY	STATE	ZIP CODE			

COMPUTATION OF LICENSE FEE

1. Net Profits Subject to License Fee (Enter Line 7, Schedule A, Page 2.).....	\$	
2. Marion County License Fee @ 1%.....	\$	
3. Interest @ 12% per annum.....	\$	
4. Penalty @ 5% per month or fraction of month (not to exceed 25%, minimum \$25).....	\$	
5. Total (Items 2, 3, and 4).....	\$	
6. Less Credits for Estimates/Extension Payments.....	\$	
7. Balance Due.....	\$	

QUESTIONS (ANSWER FULLY)

1. Check Which: Corporation, Partnership, Individual Owner, Fidiciary, Other (State) _____
2. Nature of Business (Trade) _____
3. Date Business Started or Trust Created _____
4. If Organization was Discontinued, State Whether by Dissolution _____ or Sale _____
 If by sale, give Name & Address of Successor Organization _____
5. Did you have any Employees in Marion County during the taxable year? Yes No
6. Has the Marion County License Fee been withheld from All Subject Employees and Remitted Quarterly in accordance with Regulations?
 Yes No, Explain _____
7. Has Return of Info. for Each Employee, as Per the Regulations Been Forwarded to the License Fee Division? Yes No
8. Check Whether this Return is prepared on Cash _____ or Accrual _____ Basis.
9. Show Name and Address of each place of Business operated Subject to Marion County License Fee and check if not included in this return.

	Not Included

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 Individual Preparing Return Date	_____ / / Signature of Taxpayer Date
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THIS RETURN MUST BE FILED AND PAID IN FULL ON OR BEFORE APRIL 15, OR WITHIN 105 DAYS AFTER CLOSE OF FISCAL YEAR. PER ORDINANCE 05-220.10, SUBMIT A COPY OF SUPPORTING FEDERAL INCOME TAX RETURN ALONG WITH THIS RETURN.

Make Check Payable To: MARION COUNTY TREASURER

Mail To: MARION COUNTY TREASURER, 223 N. SPALDING AVE., ROOM 201, LEBANON, KY 40033

SCHEDULE A	
Computation of Net Profits Subject to License Fee	
1. Net Income Per Federal Return, Form 1040 _____; 1041 _____; 1065 _____; 1120 _____.....	\$.
2. Add Items Not Deductible Under License Fee Ordinance (Schedule B).....	\$.
3. Total (Line 1 plus Line 2).....	\$.
4. Deduct Item Not Subject Under License Fee Ordinance (Schedule B).....	\$.
5. Adjusted Income for Calender Year 20____ or Fiscal Year Ending _____.....	\$.
6. Percent (As Determined by Schedule C).....	%
7. Net Profits Subject to Marion County License Fee - Enter as Item 1, Page 1.....	\$.

SCHEDULE B			
Adjustment of Net Profit for Federal Tax Purposes to Provisions of Marion County License Fee Ordinance			
NOTE: Add And/Or Deduct Only Those Items Which Are Included In Calculating Net Income Per Federal Return			
ITEMS NOT DEDUCTIBLE - ADD		ITEMS NOT SUBJECT - DEDUCT	
A. State or Local Taxes Based on Income	\$.	G. Interest on Corporate Bonds	\$.
B. License Fee under this Ordinance	\$.	H. Interest on U.S. Government Securities	\$.
C. Net Operating Loss Deduction	\$.	I. Royalties on Patents, Copyrights	\$.
D. Partners Salaries (attach schedule)	\$.	J. Dividends	\$.
E. Other items (list)	\$.	K. Capital Loss	\$.
	\$.	L. Other items (list)	\$.
	\$.		\$.
F. Total Additional (Enter as Line 2, Schedule A)	\$.	M. Total Deductions (Enter as Line 4, Schedule A)	\$.

SCHEDULE C			
Business Allocation Percentage Formula			
Divide (A) by (B) to obtain Decimal - Carry Out Decimal at Least 6 Places			
ALLOCATION FACTORS	Column 1 Marion County Factor (A)	Column 2 Total Factor (B)	Column 3 Percentage
1. Gross Sales of Merchandise, Less Returns and Allowance (Do Not Include Include Discounts Allowed)	\$.	\$.	
Charges for Work or Service Performed	\$.	\$.	
Other Income	\$.	\$.	
Total Business Receipts Factor	\$.	\$.	%
2. Wages, Salaries, and Other Personal Service Compensation	\$.	\$.	
Total Net Wages Factor	\$.	\$.	
3. Total Percents			%
4. Average Percentage (Carry Percentage in Col 3 to Line 6, Schedule A)			%