City of Shively

3920 Dixie Hwy • Shively, KY. 40216 • (502) 449-5000 • taxoffice@shivelyky.gov

NET PROFIT LICENSE RETURN

Account #	BUSINESS NAME / INDIVIDUAL		
Federal Tax ID#	ADE	ADDRESS	
For Year Ended	CITY	/ STATE ZIP PHONE #	
Due Date 15 th day of the 4 th month following the close of the year.	NAT	TURE OF BUSINESS. RENTAL PROPERTY OWNERS, LIST RENTAL PROPERTY ADDRESSES	
ΑΤΤΑCΗ Α COPY	1.	Net Profit/Income per attached Federal	
OF THE		Return	
COMPLETE	2.	Business Apportionment	
FEDERAL RETURN		(enter 100% or Line 4 of Part III)	
OR SCHEDULE	3.	Taxable Net Profit	
FEDERAL		(Multiply Line 1 by Line 2)	
SCHEDULE C OR E	4.	Occupational License Fee	
(1040) Fed. 1041,		(Multiply Line 3 by 2.25%)	
1065PR, 1120,	5.	Total Fees Due (Enter \$100 minimum or line	
1120S.		4, whichever is Greater)	
	6.	Less Estimated Payments or Credits	
Please note:			
Federal return	7.	Balance Due	
should include			
Cost of Goods	8.	Delinquent filings add 10%	
Schedule and / or			
Other Schedules.	9.	Total Amount Due	
	10.	Overpayment Claimed	
		Refund () Credit to Next Year ()	

I Hereby certify that the statements made herein, and in any supporting documents are true and complete to the best of my knowledge.

٢

Prepared by _____

.

Date _____

Title _____

53