CITY/COUNTY REVENUE DEPT NET PROFITS LICENSE FEE RETURN							
Name and Address of Business		ACCOUN	T NO.	CALEND	AR/FISCAL YI	EAR ENDED	
JOHN SMITH		0000	2	MONTH	DAY	YEAR	
ABC PLUMBING SERVICE				12 31 2003		2003	
121 S MAIN ST		OFFICE H	OFFICE HOURS:		DUE DATE		
SUITE 202 LEXINGTON KY 40502		9:00 - 4:30		04 14 2004			
		9.00 - 4.30 TELEPH					
		(555) 555	-	Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)			
Phone Number (859) 555-1217		(000) 000		Federal ID No. 61-1316647			
INDICATE ANY NAME OR ADDRESS CHANGE ABOVE							
QUESTIONS (ANSWER IN FULL)		4. Did you have employees in Harrison County? Yes No 5. Basis upon which tax return is prepared Cash Accrual					
1. Nature of Business		5. Basis upon which tax return is prepared Cash Accrual 6. Business Type: C-Corp S-Corp Partnership Sole-Prop.					
2. Date Business Started in Harrison County		Fiduciary Other (Specify)					
3. If Business was Discontinued, State When		7. Has the IRS changed the Net Income as originally reported for any					
Dissolution or Sale If by sale, give Nan	prior year? No Yes (Attach Schedule of Changes for each year)						
SCHEDULE A							
FOR OFFICIAL USE ONLY	1. NET Business income per Federal Tax Return						
	2. ADD Items not Deductible (Line F, Schedule B Below)						
Rec'd	2)						
Ck. No	4. DEDUCT Items not subject (Line J, Schedule B)						
Amount	5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4)						
Posted	6. If Sch. C (line4) is used enter here AVERAGE PERCENTAGE 7. NET PROFITS subject to License Fee (Line 5 x Line 6						
	8. Prior year adjustments						
Ву	9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE"						
	10. License Fee - 1.5000% of line 9						
Make checks payable and mail to:	11. Interest - 8.00 % per month or protion of month.						
CITY/COUNTY REVENUE DEPT	12. Penalty - 5.50 % per month or protion of month.						
PO BOX 5555	 13. Total (Lines 10+11+12) 14. Less Credits - () ESTIMATE () OTHER 15. BALANCE DUE (Line 13 less Line 14) pay this amount 						
LEXINGTON KY 40555							
Phone Number (555) 555-3300		16. If estimate overpaid Indicate () Refund or () Credit					
NOTE: ADD AND OR DEDUCT ONLY			G 1 INCOME PE	R FEDERAL RE	TURN		
ITEMS NOT DEDUCTIBL	ITEMS NOT SUBJECT - DEDUCT						
A. State or Local taxes based on income B. Capital Gain (50) subject		G. Interest					
C. Net operating Loss Deduction	H. Royalties on Patents, Copyright			pyrights			
D. Partners' Salaries (attach schedule)		J. Capital Loss (50% deductible)					
E. Other items (list) F. TOTAL ADDITIONS (enter on line 4)		K. Other (attach schedule) L. TOTAL DEDUCTIONS (enter on line 6)					
					l l		
	on percentage-Divid	Ubba ir G ecimal C	carry out at lea		umn B	Column C	
ALLOCATON FACTORS			Your County F			ERCENTAGE	
1. Total Gross Business Receipts (see re							
2. Total Wages, Salaries and Other Personal Service							
Compensation Paid to Employee 3. TOTAL PERCENTS							
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents)Enter of 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 YEAI SCNP-A Rev. 1/1/2001							