

**CITY OF HAZARD
OCCUPATIONAL LICENSE FEE RETURN**

20

FEDERAL ID #

OR
FISCAL YEAR ENDED

MO.	DAY	YR.

HAZARD LICENSE #

1. Nature of Business _____

2. If Organization was Discontinued, state when _____
 Dissolution _____ or Sale _____
 If by Sale, give Name and Address of Successor _____

3. Did you have any employees in the current year? _____

4. Has Hazard License Fee Been Withheld from all Subject Employees, Employees, and Remitted Quarterly in accordance with the Regulations?
 Yes _____ No, if answer is "No" explain: _____

5. Check which: Partnership
 Corporation Fiduciary
 Individual Owner Other _____

6. Basis on which this Return is Prepared -
 Cash Accrual _____

7. Have Federal Authorities changed the Net Income as originally reported for any prior year?
 Yes No _____
 If answer is "Yes" attach Schedule of Changes for each year.

8. List additional Place of Business if included in this return _____

SCHEDULE A

1. Total Income per Federal Return Form	1040	1041	1065	1120	
2. Total deductions per Federal Return Form					\$
3. Net Income per Federal Return					
4. Add Items not deductible (Schedule B)					
5. Total (Line 3 plus Line 4)					
6. Deduct item not Subject (Schedule B)					
7. ADJUSTED NET INCOME (Line 5 less Line 6)					\$
8. Enter here Average Percentage allocable to Hazard (Schedule C, Line 4)					%
9. Net Profit subject to Hazard License Fee (Line 7 X Line 8)					
10. Hazard license fee due, 1.25% (.0125) of amount on Line 9					
11. Minimum license fee (including loss returns)					100.00
12. Enter greater of Line 10 or Line 11					
13. Add: Interest - 1% per month or portion of month					
14. Add: Penalty - 5% of license fee (Min. \$25, Max. 25% total tax due)					
15. Less: Credits _____ Estimates _____					
16. BALANCE DUE (Sum of Lines 12 through 15) PAY THIS AMOUNT					\$

SCHEDULE B

NOTE: ADD AND OR DEDUCT ONLY ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME PER FEDERAL RETURN

A. State or Local taxes based on income	\$	H. Interest on Corporate Bonds	\$
B. License Fee Under this Ordinance		I. Interest on U.S. Government Securities	
C. Capital Loss		J. Royalties on Patents, Copyrights	
D. Net Operating Loss Deduction		K. Dividends	
E. Partner's Salaries (attach schedule)		L. Capital Gain	
F. Other Items (list)		M. Other Items (list)	
G. TOTAL ADDITIONS (enter on Line 4)	\$	N. TOTAL DEDUCTIONS (enter on Line 6)	\$

SCHEDULE C

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

	COL. A CITY OF HAZARD	COL. B TOTAL FACTOR	COL. C PERCENTAGE
1. BUSINESS RECEIPTS/SALES			%
2. TOTAL WAGES, SALARIES AND OTHER PERSONAL SERVICE COMPENSATION			%
3. TOTAL PERCENTS			%
4. AVERAGE PERCENTAGE (Line 3 Divided by number of percents)			%

Enter on Line 8

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

RETURN MUST BE SIGNED

Signature of Individual Preparing Return _____ Date _____ Signature of Taxpayer _____ Date _____

MAKE CHECK PAYABLE TO OCCUPATIONAL TAX ADMINISTRATOR, CITY OF HAZARD, KENTUCKY

Mail To: City of Hazard
 License Fee Division
 P.O. Box 420
 Hazard, Kentucky 41702-0420