

Tax District Name (See instructions)

Tax District Address

Tax District Code (See instructions)

Department Use Only—Do not write or staple in this space.

Taxpayer Name

Trade Name

Address

Address 2

City State Zip Code
 -

Filing Status:

Filing Status Change? YES NO

Check one box only

Individual Resident
 Individual Non-Resident
 Corporation
 Partnership
 S Corp
 Other

Tax District Account Number

Method of Accounting
 Fed ID SSN Accrual Cash

Check all that apply

No Activity
 Amended
 Fed ID Change (Complete Line F)
 Final (Complete Line G)
 Name Change
 Address Change

A Principal business activity

NAICS Code:

B Did you have employees during the past year?
 Number of employees who worked in this locality

YES NO

C Did you make payments in the sum of \$600.00 or more for services rendered in this locality to any individual other than an employee? **If "YES", submit copy of 1099s to local tax district.**

YES NO

D Did you file a consolidated C - Corporation federal return? **If "YES", see instructions.**

YES NO

E During the past year, did IRS change or propose to change net income reported for that year or any prior year? **If "YES", attach statement.**
 Which year(s)?

YES NO

F If Federal ID changed, list the name of new entity :

Ownership Change Date:
 / / 20

G If final return, state reason for discontinuance :
 List successor if sold:

Discontinuance Date:
 / / 20

H List Principal Administrative Officer's Name, Address, and Social Security Number:

Name

Address

Address 2

City State Zip Code
 -

SSN:

Taxpayer Name <input style="width: 95%; height: 20px;" type="text"/>	
Tax District Name <input style="width: 95%; height: 20px;" type="text"/>	
Tax District Account Number For Year Ending <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / 20 <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>	
Department Use Only—Do not write or staple in this space.	

Section 1: Occupational License Fee Calculation

1 Enter Adjusted Gross Receipts from Schedule G or Adjusted Net Profit from Schedule N	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
2 Enter apportionment percentage or 100% from page 3, Section 2, Line 4.	<input style="width: 15%; height: 20px;" type="text"/> . <input style="width: 15%; height: 20px;" type="text"/> %
3 Enter Taxable Gross Receipts or Net Profit (Line 1 X Line 2)	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
4 License Fee (Line 3) X tax rate of <input style="width: 15%; height: 20px;" type="text"/> . <input style="width: 15%; height: 20px;" type="text"/> % (See Instructions)	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
5 If tax district has a minimum tax, enter here. (See Instructions)	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
6 If tax district has a maximum tax, enter here. (See Instructions)	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
7 Sub Total Amount: a. If the tax district does not have a minimum or maximum tax, enter value from line 4. b. If line 4 is less than 5, enter line 5 here. c. If line 6 is greater than zero and line 4 is greater than line 6, enter line 6 here.	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
8 Enter Non-Refundable Credits. (See Instructions for those specific districts, e.g. Laurel County)	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
9 Subtotal: Subtract line 8 from line 7. Cannot be less than zero.	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
10 If applicable enter Line 6 from Schedule W.	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
11 Subtotal: Add Line 9 and Line 10.	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
12 Enter estimated payments and/or prior year credits.	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
13 Occupational License Fee Due. (Subtract line 12 from line 11)	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
14 Penalties - If applicable. (See Instructions)	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
15 Interest - If applicable. (See Instructions)	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
16 Additional fees due: STOP: Additional fees may apply per local tax district. See instructions for additional tax district amounts due, such as next year minimum, privilege taxes, or regulatory fees	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
17 Total Amount Due. Add lines 13, 14, 15, and 16 (See above)	\$ <input style="width: 95%; height: 20px;" type="text"/> .00
18 Overpayment. If Line 17 is less than zero enter application of overpayment here.	Credit to next year: \$ <input style="width: 95%; height: 20px;" type="text"/> .00 Refund: \$ <input style="width: 95%; height: 20px;" type="text"/> .00

Taxpayer Name <input style="width: 95%; height: 20px;" type="text"/> Tax District Name <input style="width: 95%; height: 20px;" type="text"/> Tax District Account Number For Year Ending <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / 20 <input style="width: 15%; height: 20px;" type="text"/>	Department Use Only—Do not write or staple in this space.
--	---

Section 2: Apportionment Factors **Calculation of Apportionment Percentage - A taxpayer whose business activities were conducted in more than one tax district must complete this section.**

Sales Factor <small>(See Instructions)</small>	1a Sales/Gross Receipts within the Tax District	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
	1b Total Sales/Gross Receipts everywhere	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
	1c Divide Line 1a by Line 1b	<input style="width: 10%; height: 20px;" type="text"/> . <input style="width: 10%; height: 20px;" type="text"/> %
Payroll Factor <small>(See Instructions)</small>	2a Payroll within the Tax District	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
	2b Total Payroll everywhere	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
	2c Divide Line 2a by Line 2b	<input style="width: 10%; height: 20px;" type="text"/> . <input style="width: 10%; height: 20px;" type="text"/> %
	3 Total Percentages (add line 1c + 2c)	<input style="width: 10%; height: 20px;" type="text"/> . <input style="width: 10%; height: 20px;" type="text"/> %
	4 Apportionment Percentage - If both Lines 1(b) and 2(b) are greater than zero, divide entry on Line 3 by 2. Enter here. If either Line 1(b) or Line 2(b) is zero, enter the amount from Line 3 here. <small>EXAMPLE: "22.12345%"</small>	<input style="width: 10%; height: 20px;" type="text"/> . <input style="width: 10%; height: 20px;" type="text"/> %

Section 3: Signature (return must be signed)

I hereby certify that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge under penalty of perjury.

<table style="width: 100%;"> <tr> <td style="width: 80%;">Print Name</td> <td style="width: 20%; text-align: center;">PREPARER</td> </tr> <tr> <td colspan="2"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td>Preparer's Signature</td> <td><input style="width: 95%; height: 40px;" type="text"/></td> </tr> <tr> <td>Firm Name</td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td>TIN</td> <td>Date: <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / 20 <input style="width: 15%; height: 20px;" type="text"/></td> </tr> <tr> <td>Address</td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td>City</td> <td>State <input style="width: 15%; height: 20px;" type="text"/> Zip Code <input style="width: 15%; height: 20px;" type="text"/> - <input style="width: 15%; height: 20px;" type="text"/></td> </tr> <tr> <td>Phone Number</td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>	Print Name	PREPARER	<input style="width: 95%; height: 20px;" type="text"/>		Preparer's Signature	<input style="width: 95%; height: 40px;" type="text"/>	Firm Name	<input style="width: 95%; height: 20px;" type="text"/>	TIN	Date: <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / 20 <input style="width: 15%; height: 20px;" type="text"/>	Address	<input style="width: 95%; height: 20px;" type="text"/>	City	State <input style="width: 15%; height: 20px;" type="text"/> Zip Code <input style="width: 15%; height: 20px;" type="text"/> - <input style="width: 15%; height: 20px;" type="text"/>	Phone Number	<input style="width: 95%; height: 20px;" type="text"/>	<table style="width: 100%;"> <tr> <td style="width: 80%;">Print Name</td> <td style="width: 20%; text-align: center;">TAXPAYER</td> </tr> <tr> <td colspan="2"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td>Taxpayer's Signature</td> <td><input style="width: 95%; height: 40px;" type="text"/></td> </tr> <tr> <td>Title</td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td>SSN</td> <td>Date: <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / 20 <input style="width: 15%; height: 20px;" type="text"/></td> </tr> <tr> <td>Address</td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td>City</td> <td>State <input style="width: 15%; height: 20px;" type="text"/> Zip Code <input style="width: 15%; height: 20px;" type="text"/> - <input style="width: 15%; height: 20px;" type="text"/></td> </tr> <tr> <td>Phone Number</td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 20px;"> Do you want to allow your tax preparer to discuss this return with the tax district agency? <table style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="checkbox"/></td> <td><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> </table> </td> </tr> </table>	Print Name	TAXPAYER	<input style="width: 95%; height: 20px;" type="text"/>		Taxpayer's Signature	<input style="width: 95%; height: 40px;" type="text"/>	Title	<input style="width: 95%; height: 20px;" type="text"/>	SSN	Date: <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / 20 <input style="width: 15%; height: 20px;" type="text"/>	Address	<input style="width: 95%; height: 20px;" type="text"/>	City	State <input style="width: 15%; height: 20px;" type="text"/> Zip Code <input style="width: 15%; height: 20px;" type="text"/> - <input style="width: 15%; height: 20px;" type="text"/>	Phone Number	<input style="width: 95%; height: 20px;" type="text"/>	Do you want to allow your tax preparer to discuss this return with the tax district agency? <table style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="checkbox"/></td> <td><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> </table>		YES	NO	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
Print Name	PREPARER																																						
<input style="width: 95%; height: 20px;" type="text"/>																																							
Preparer's Signature	<input style="width: 95%; height: 40px;" type="text"/>																																						
Firm Name	<input style="width: 95%; height: 20px;" type="text"/>																																						
TIN	Date: <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / 20 <input style="width: 15%; height: 20px;" type="text"/>																																						
Address	<input style="width: 95%; height: 20px;" type="text"/>																																						
City	State <input style="width: 15%; height: 20px;" type="text"/> Zip Code <input style="width: 15%; height: 20px;" type="text"/> - <input style="width: 15%; height: 20px;" type="text"/>																																						
Phone Number	<input style="width: 95%; height: 20px;" type="text"/>																																						
Print Name	TAXPAYER																																						
<input style="width: 95%; height: 20px;" type="text"/>																																							
Taxpayer's Signature	<input style="width: 95%; height: 40px;" type="text"/>																																						
Title	<input style="width: 95%; height: 20px;" type="text"/>																																						
SSN	Date: <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / 20 <input style="width: 15%; height: 20px;" type="text"/>																																						
Address	<input style="width: 95%; height: 20px;" type="text"/>																																						
City	State <input style="width: 15%; height: 20px;" type="text"/> Zip Code <input style="width: 15%; height: 20px;" type="text"/> - <input style="width: 15%; height: 20px;" type="text"/>																																						
Phone Number	<input style="width: 95%; height: 20px;" type="text"/>																																						
Do you want to allow your tax preparer to discuss this return with the tax district agency? <table style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="checkbox"/></td> <td><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> </table>		YES	NO	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>																																		
YES	NO																																						
<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>																																						

You must attach all applicable federal returns and schedules.

