Form	O	L-S
	Single T	ax District

Kentucky Local Standard

Occupational License Fee Return

Do Not Staple.	
Print or Copy Single Side Only.	

For Year Ending					
	/		/ 20		

Fax District Name (See instructions)			
Tax District Address			
Tax District Code (See instructions)			
		December and Head Oaks D	
		Department Use Only—D	o not write or staple in this space.
Faxpayer Name			
			Filing Status:
Trade Name			Filing Status Change? YES NO
Address			Individual Resident
			Individual Non-Resident Corporation Partnership S Corp Other
Address 2			Corporation
	<u> </u>		Partnership
City	State Zip Code		S Corp
			Other
			No Activity
Tax District Account Number	Metho	d of Accounting	No Activity Amended Fed ID Change (Complete Line F) Final (Complete Line G) Name Change
			Fed ID Change (Complete Line F)
Fed ID SSN	Ac	crual Cash	Final (Complete Line G)
			Name Change
			Address Change
		1	-
A Principal business activity			NAICS Code:
B Did you have employees during the past year?			YES NO
bu you have employees during the past year:	_		
Number of employees who worked in this locality	L		
C Did you make payments in the sum of \$600.00 or more for services rendered in other than an employee? If "YES", submit copy of 1099s to local tax district		ıl	YES NO
other than an employee: If 123, submit copy of 10995 to local tax district	•		
Did you file a consolidated C Corporation federal return? If "VES" see instru			YES NO
Did you file a consolidated C - Corporation federal return? If "YES", see instru	ictions.		
E During the past year, did IRS change or propose to change net income reported any prior year? If "YES", attach statement.	ed for that year or		YES NO
any prior year: II TES, attach statement.			
Which year(s)?			
- V5 110 15 15 15 15 15 15			
F If Federal ID changed, list the name of new entity :			Ownership Change Date:
			// 20
G If final return, state reason for discontinuance :			
			Discontinuance Date:
List successor if sold:			/ / 20
H List Principal Administrative Officer's Name, Address, and Social Security Num	per:		
Name			SSN:
Address			
Address 2			
City	State Zip Code		
		7 - 1 1 1	

Taxpayer Name		
Tax District Name		
Tax District Account Number	For Year Ending	
	/ / / 20	
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Section 1: Occupational License Fee Calculation

1	Enter Adjusted Gross Receipts from Schedule G or Adjusted Net Profit from Schedule N	\$.00
2	Enter apportionment percentage or 100% from page 3, Section 2, Line 4.	%
3	Enter Taxable Gross Receipts or Net Profit (Line 1 X Line 2)	\$.00
4	License Fee (Line 3) X tax rate of % (See Instructions)	\$.00
5	If tax district has a minimum tax, enter here. (See Instructions)	\$.00
6	If tax district has a maximum tax, enter here. (See Instructions)	\$.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.	\$.00
8	Enter Non-Refundable Credits. (See Instructions for those specific districts, e.g. Laurel County)	\$.00
9	Subtotal: Subtract line 8 from line 7. Cannot be less than zero.	\$.00
10	If applicable enter Line 6 from Schedule W.	.00
11	Subtotal: Add Line 9 and Line 10.	\$.00
12	Enter estimated payments and/or prior year credits.	\$.00
13	Occupational License Fee Due. (Subtract line 12 from line 11)	\$.00
14	Penalties - If applicable. (See Instructions)	\$.00
15	Interest - If applicable. (See Instructions)	\$.00
16	Additional fees due:	\$.00
STO	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	
17	Total Amount Due. Add lines 13, 14, 15, and 16 (See above)	\$.00
18	Overpayment. If Line 17 is less than zero enter application of overpayment here.	Credit to next year: \$

Rev. Date - 07.09.15 Page: 2

Tax Dis	strict Name trict Account Number For Year Ending	Department Use Only—Do	not write or staple in this space.
Sectio	on 2: Apportionment Factors Calculation of Apportionment more than one tax district r		business activities were conducted in
Sales Factor (See Instructions)	1a Sales/Gross Receipts within the Tax District 1b Total Sales/Gross Receipts everywhere		\$.00
Sale: (See Ins	1c Divide Line 1a by Line 1b		%
Payroll Factor (See Instructions)	2a Payroll within the Tax District 2b Total Payroll everywhere 2c Divide Line 2a by Line 2b	s	
	Total Percentages (add line 1c + 2c) Apportionment Percentage - If both Lines 1(b) and 2(b) are greater than: Enter here. If either Line 1(b) or Line 2(b) is zero, enter the amount from Line EXAMPLE: "22.12345%"	zero, divide entry on Line 3 by 2. le 3 here.	%
Section I hereby	Signature (return must be signed) certify that the statements made herein and in any supporting schedules are true	e, correct and complete to the best of my	knowledge under penalty of perjury.
Print Name PREPARER Preparer's Signature		Print Name Taxpayer's Signature	TAXPAYER
TIN Address City Phone	Date: // 20	Title SSN Address City Phone Number	Date:

You must attach all applicable federal returns and schedules.

Do you want to allow your tax preparer to discuss this return with the tax district agency?

YES

NO

Tax D	strict Name strict Account Number For Year Ending / 1 / 20 Department Use Only—Do	not write or staple in this space.
Sche	dule N: Calculation of Adjusted Net Profit	
* N	ote: Some tax districts do not allow multiple individual schedules on the same worksheet. (See Instructions). Appl	ies to lines 1-6.
1 *	If an Individual , enter non-employee compensation as reported on Form 1099-MISC and reported as other income on Federal Form 1040 (Attach Form 1040 and applicable schedules)	\$.00.
2 *	If an Individual , enter net profit or (loss) from Federal Schedule C of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
3 *	If an Individual , enter capital gain from Federal Form 4797 or Form 6252 from the sale of property used in a trade or business reported on Schedule D on Form 1040 (Attach Federal Schedules)	\$.00
4 *	If an Individual , enter rental income or (loss) from Federal Schedule E of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
5 _*	If an Individual , enter farm net profit or (loss) from Federal Schedule F of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
6 X	If an Individual , enter ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Form 4797 and applicable schedules)	\$.00
7	If a Partnership , enter ordinary income or (loss) from Federal Form 1065 (Attach Form 1065 and applicable schedules)	\$.00
8	If a Corporation , enter taxable income or (loss) from Federal Form 1120 or ordinary income or (loss) per Federal Form 1120S (Attach applicable Federal Schedules)	\$.00
9	State income taxes and occupational license fees deducted on the Federal Schedules C, E or F, or Federal Form 1065, 1120 or 1120S	\$.00
10	If a Partnership or S Corporation , enter additions from Schedules K on Form 1065 or Form 1120S	\$.00
11	If a Corporation , enter net operating loss deducted on Form 1120	\$.00
12	Total Income. Add Line 1 through Line 11. (\$.00
13	If a Partnership or S Corporation , enter subtractions from Schedule K of Form 1065 or Form 1120S	.00
14	Alcoholic Reverage Sales Deduction (Line 5 from Schedule A)	

Rev. Date - 07.09.15

15

16

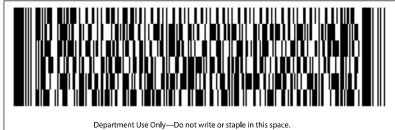
17

Other Adjustments - **Attach** Schedule (See Instructions)

Adjusted Net Profit. Subtract Line 16 from Line 12. Enter here and on Page 2, Line 1

Total Deductions. Add Line 13 through Line 15

For Year Ending
/ / 20



Schedule G: Calculation of Adjusted Gross Receipts

*	Note: Some tax districts do not allow multiple individual schedules on the same worksheet. (See Instructions). Applie	s to lines 1-5.
1	If an Individual , enter non-employee compensation as reported on Form 1099-MISC and reported as other income on Federal Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
2	If an Individual , enter gross receipts from Federal Schedule C of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
3	Y If an Individual, enter capital gain from Federal Form 4797, Form 6252, and/or Schedule D for property used in a trade or business. (Attach Federal Schedules)	\$.00
4	If an Individual, enter rental gross receipts from Federal Schedule E of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
5	If an Individual, enter farm gross receipts from Federal Schedule F of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
6	If a Partnership , enter gross receipts from Federal Form 1065 (Attach Form 1065 and applicable schedules)	\$.00
7	If a Corporation , enter gross receipts from Federal Form 1120 per Federal Form 1120S (Attach 1120 or 1120S and applicable Federal Schedules)	\$.00
8	If a Corporation , enter gross receipts from "Gross Rents" from Federal Form 1120 (Attach Federal Form 1120)	\$.00
9	Gross Receipts from rental activity of a Partnership or S Corporation (Attach Federal Form 8825 and other applicable schedules)	\$.00
10	Total Gross Receipts . Add Line 1 through Line 9	\$.00
11	Gross Alcoholic Beverage Sales within the Tax District	\$.00
12	Sales Tax included in Gross Receipts	\$.00
13	Returns and Allowances Deduction	\$.00
14	Total Deductions Add Lines 11 through Line 13	\$.00
15	Adjusted Gross Receipts. Subtract Line 14 from Line 10. Enter here and on Page 2, Line 1.	\$.00

Rev. Date - 07.09.15

Tax	c District Name District Account Number For Year Ending / 20	ot write or staple in this space.
Sch	edule A: Calculation of Alcoholic Beverage Deduction (for use by Schedule N filers)	
1	Kentucky Alcohol beverage sales	\$.00
2	Total sales	.00
3	Alcoholic Beverage percentage: Line 1 divided by Line 2	%
4	Adjusted Net Profit before Alcoholic Beverage Deduction Line 12 minus the sum of Line 13 and Line 15 from Schedule N. This deduction may be taken only if the business had a profit	.00
5	Alcoholic Beverage Deduction Multiply Line 3 by Line 4. Enter Schedule N Line 14.	\$.00
Sch	edule W: Calculation of Gross Salaries, Wages, Tips, etc. (For Ind	ividual Filers Only)
1	Gross salaries, wages, tips, etc. reported on the Federal Form W-2 from which no occupational taxes were withheld, plus deferred compensation from 401 (k), 403 (b), or 457 plans.	\$.00
2	Related employee business expenses per Federal Form 2106 (Attach Form W-2 and Form 2106 unless already provided)	\$.00
3	Line 1 minus Line 2	\$.00
4	Total Days Worked in Locality / Total Days Worked Everywhere	%
5	Multiply Line 3 by Line 4	\$.00
6	Multiply Line 5 by tax rate of . (See Instructions) Enter on Line 10 Section 1.	\$.00

Rev. Date - 07.09.15 Page: 6