

**CITY OF HAZARD
OCCUPATIONAL LICENSE FEE RETURN**

20

FEDERAL ID #

OR
FISCAL YEAR ENDED

MO.	DAY	YR.

HAZARD LICENSE #

FINAL

- | | |
|---|--|
| <p>1. Nature of Business _____</p> <p>2. If Organization was Discontinued, state when
<input type="checkbox"/> Dissolution _____ or Sale _____
if by Sale, give Name and Address of Successor _____</p> <p>3. Did you have any employees in the current year?
_____</p> <p>4. Has Hazard License Fee Been Withheld from all Subject Employees,
Employees, and Remitted Quarterly in accordance with the Regulations?
<input type="checkbox"/> Yes <input type="checkbox"/> No, if answer is "No" explain: _____</p> | <p>5. Check which:
<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation
<input type="checkbox"/> Individual Owner
<input type="checkbox"/> Fiduciary
<input type="checkbox"/> Other _____</p> <p>6. Basis on which this Return is Prepared -
<input type="checkbox"/> Cash <input type="checkbox"/> Accrual</p> <p>7. Have Federal Authorities changed the Net Income as
originally reported for any prior year?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer is "Yes" attach Schedule of Changes for each year.</p> <p>8. List additional Place of Business if included in this return
_____</p> |
|---|--|

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)	_____
12. Enter greater of Line 10 or Line 11	100.00
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	\$ _____
B. License Fee Under this Ordinance	_____
C. Capital Loss	_____
D. Net Operating Loss Deduction	_____
E. Partner's Salaries (attach schedule)	_____
F. Other items (list)	_____
G. TOTAL ADDITIONS (enter on Line 4)	\$ _____
H. Interest on Corporate Bonds	\$ _____
I. Interest on U.S. Government Securities	_____
J. Royalties on Patents, Copyrights	_____
K. Dividends	_____
L. Capital Gain	_____
M. Other Items (list)	_____
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

**A COPY OF CORRESPONDING FEDERAL TAX RETURN
IS REQUIRED AS AN ATTACHMENT TO THIS FORM**