



# HARRISON COUNTY TAX ADMINISTRATOR NET PROFITS LICENSE FEE RETURN



**QUESTIONS (ANSWER IN FULL)**

1. Nature of Business \_\_\_\_\_
2. Date Business Started in Harrison County \_\_\_\_\_
3. If Business was Discontinued, State When \_\_\_\_\_  
Dissolution  or Sale  If by sale, give Name and Address of successor \_\_\_\_\_

4. Did you have employees in Harrison County?  Yes  No
5. Basis upon which tax return is prepared  Cash  Accrual
6. Business Type:  C-Corp  S-Corp  Partnership  Sole-Prop.  
 Fiduciary or Estate  Other (Specify) \_\_\_\_\_
7. Has the IRS changed the Net Income as originally reported for any Prior Year?  No  Yes (Attach Schedule of Changes for each year)

Name and Address of Business \_\_\_\_\_

Phone Number

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

ACCOUNT NO.	CALENDAR/FISCAL YEAR ENDED		
<input style="width: 100%;" type="text"/>	MONTH	DAY	YEAR
OFFICE HOURS: 8:30 - 4:30 MON - FRI	DUE DATE		
TELEPHONE (859) 234-7136	Attach a copy of Federal Tax Return used as a basis of License Fee (Section A-Line 1)		
	Federal ID No. <input style="width: 100%;" type="text"/>		

### SECTION A

1. NET Business income per Federal Tax Return \_\_\_\_\_
2. ADD Items not Deductible (Line F, Section B Below) \_\_\_\_\_
3. TOTAL (Line 1 Plus Line 2) \_\_\_\_\_
4. DEDUCT Items not subject (Line L, Section B) \_\_\_\_\_
5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4) \_\_\_\_\_
6. If Section C (line 4) is used enter here AVERAGE PERCENTAGE \_\_\_\_\_
7. NET PROFITS subject to License Fee (Line 5 x Line 6) \_\_\_\_\_
8. LICENSE FEE - 1.5% of line 7 \_\_\_\_\_
9. INTEREST - 12% per year \_\_\_\_\_
10. PENALTY - 5% per month, maximum not to exceed 25%, minimum \$25 \_\_\_\_\_


**Make checks payable and mail to:**  
**HARRISON COUNTY TAX ADMINISTRATOR**  
 111 S. MAIN ST., P.O. BOX 708  
 CYNTHIANA KY 41031  
 Phone Number (859) 234-7136

11. Total (Lines 8+9+10) \_\_\_\_\_
12. Previous Balance Due \_\_\_\_\_
13. Less Credits - ( ) ESTIMATE ( ) EXTENSION \_\_\_\_\_
14. BALANCE DUE (Total lines 11, 12, and 13) pay this amount \_\_\_\_\_
15. If estimate overpaid Indicate ( ) Refund or ( ) Credit \_\_\_\_\_




### SECTION B

NOTE: ADD AND OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING 1 INCOME PER FEDERAL RETURN

**ITEMS NOT DEDUCTIBLE - ADD**

- |                                         |  |
|-----------------------------------------|--|
| A. State or Local taxes based on income |  |
| B. Capital Gain-Business Portion        |  |
| C. Net operating Loss Deduction         |  |
| D. Partners' Salaries (Attach Schedule) |  |
| E. Other Items (LIST)                   |  |
| F. TOTAL ADDITIONS (enter on line 2)    |  |

**ITEMS NOT SUBJECT - DEDUCT**

- |                                       |  |
|---------------------------------------|--|
| G. Interest                           |  |
| H. Royalties on Patents, Copyrights   |  |
| I. Dividends                          |  |
| J. Capital Loss (50% deductible)      |  |
| K. Other (attach schedule)            |  |
| L. TOTAL DEDUCTIONS (enter on line 4) |  |

### SECTION C

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

ALLOCATION FACTORS	COLUMN A TOTAL	COLUMN B HARRISON CO ONLY	COLUMN C PERCENTAGE
1. Total Gross Business Receipts (Per Federal Return)	\$	\$	%
2. Total Wages, Salaries and Other Compensation	\$	\$	%
3. TOTAL PERCENTS .....			%
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....Enter on 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 YEAR