



CITY OF VERSAILLES NET PROFIT LICENSE FEE RETURN

ACCOUNT NO.	CALENDAR YEAR	OR	FISCAL YEAR ENDED MO. DAY YEAR

Name and Address of Business

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE OF OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE

QUESTIONS (ANSWER FULLY)

1. Nature of Business _____
2. Date Business Started in Versailles _____
3. If Organization was discontinued, State When _____
Dissolution _____ or Sale _____ If by sale, Give name and address of Successor _____
4. Number of employees in Versailles during the year. _____
5. Has Versailles License Fee been withheld from all subject employees And Remitted Quarterly in accordance with the regulations?
Yes _____ No _____ If answer is "No" explain _____
6. Check Which: _____ Corporation _____ Sub-Chapter S
_____ Partnership _____ Individual Owner _____ Fiduciary
_____ Other (state) _____
7. Basis on which the Return is prepared Cash _____ Accrual _____
8. 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.
9. Telephone _____
10. Contact Name _____

SCHEDULE A

1. Total Gross Income per Federal Return, Form _____	\$	
2. Total Business Deductions per Federal Return _____	\$	
3. Net Business Income per Federal Return _____	\$	
4. Add items not deductible (Line G, Schedule B) _____	\$	
5. Total (line 3 plus Line 4) _____	\$	
6. DEDUCT items not subject (line N Schedule B) _____	\$	
7. ADJUSTED NET BUSINESS INCOME (Line 5 Less Line 6) _____	\$	
8. Enter average percentage allocable to Versailles (Schedule C, Line 4) _____	%	
9. NET PROFITS subject to Versailles License Fee (Line 7 x Line 8) _____	\$	
10. Versailles License Fee @1.50% of amount on Line 9 (or min \$50.00) _____	\$	
11. Less Credits _____ Estimated Payments _____	\$	
12. Refund or Credit. If Line 11 is greater than Line 10 Enter difference (Refund _____ Credit _____)	\$	
13. Balance Due. If Line 10 is greater than Line 11, Enter difference as License Fee Due	\$	
14. Penalty - 5% of tax due per calendar month or fraction of month not to exceed 25% of total tax due however, not less than \$25.00 _____	\$	
15. Interest - 12% per anum after due date _____	\$	
16. Total Amount Due (Add Lines 13,14,15) _____	\$	

* ENCLOSE ONE COPY OF APPLICABLE FEDERAL RETURN INCLUDING SUPPORTING STATEMENTS

MAKE CHECK PAYABLE TO:
CITY OF VERSAILLES
P.O. BOX 625
VERSAILLES, KY 40383
PHONE: (859) 873-5184
FAX: (859) 873-5969

SCHEDULE B NOTE:

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

ITEMS NOT DEDUCTIBLE - ADD		ITEMS NOT SUBJECT - DEDUCT	
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 Gain	_____	J. Royalties on Patents, Copyrights	_____
D. Net Operating Loss Carryover	_____	K. Dividends	_____
E. Partner's Salaries (attach schedule)	_____	L. Capital Loss	_____
F. Other (attach Schedule)	_____	M. Other (attach schedule)	_____
G. Total Additions (enter on Line 4)	\$ _____	N. Total Deductions (enter Line 6)	\$ _____

SCHEDULE C

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

ALLOCATION FACTORS	Column A Versailles Factor	Column B Total Factor	Column C Percentage
1. TOTAL GROSS BUSINESS RECEIPTS _____	\$ _____	\$ _____	%
2. Total Wages, Salaries and Other Personal Service Compensation Paid to employees _____	\$ _____	\$ _____	%
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 knowledge
Return Must Be Signed**

←-----→

Signature of Individual Preparing Return Date Signature of Taxpayer Date

This return must be filed and paid in full on or before APRIL 15, or within 105 days after close of the fiscal year, sale, liquidation, or transfer.