

CITY OF MADISONVILLE KENTUCKY - NET PROFIT LICENSE FEE RETURN

Account Number	Fiscal Year End

Date Received	
Check Number	
Check Amount	

Section A	
1. Circle Appropriate: Corporation, Partnership, Individual Owner, Fiduciary	
2. Social Security and/or Federal ID Number(s) _____	
3. Nature of Business _____	
4. Did you have employees working in the City limits this year? Yes No	
5. Have Federal Authorities changed the net income as originally reported for any prior years? Yes No	
6. Business Phone _____	Home Phone _____
7: Business Date(s): Started _____ Discontinued _____ Successor _____	
8. List additional businesses operated subject to Madisonville License Fee. _____	

Section B	
*Enclose one copy of Federal Return & Applicable Schedules (See Instructions)	
9. Total Gross Income per attached Return	\$ _____
10. Total Deductions per attached Return	_____
11. Net Income per attached Return	_____
12. Add items not deductible (Line H, Section C)	_____
13. Total (Line 11 plus Line 12)	_____
14. Deduct Items Not Subject (Line N, Section C)	_____
15. Adjusted Net Income (Line 13 less Line 14)	_____
16. If Section D (Line R) is used enter Average Percentage	_____ %
17. Net Profits subject to License Fee (Line 15 X Line 16)	_____
18. Madisonville License Fee (Line 17 X .025)	_____
19. Credits - Minimum License Fee \$ _____	
and/or Restaurant Tax Paid \$ _____	
and/or Estimated Payments \$ _____	
20. Balance (Line 18 less Line 19)	_____
21. Interest 1% per month or portion of month	_____
22. Penalty 5% per month or portion of month not to exceed 25% Until Paid In Full , \$25.00 minimum (Penalty waived per approved City Extension date of _____)	_____
23. Total Due (Line 20 plus Line 21 plus Line 22)	\$ _____
PAY THIS AMOUNT	

Make Check Payable & Mail to:
Finance Director
City of Madisonville
P.O. Box 1270
Madisonville KY 42431

Section C	
Items Not Deductible - Add	Items Not Subject - Deduct
A. State or Local taxes \$ _____	I. Interest Income \$ _____
B. License Fee under this Ordinance _____	J. Dividends _____
C. Net loss from Capital Assets _____	K. Net Gain from Capital Assets _____
D. Ordinary Losses (Form 4797) _____	L. Ordinary Gains (Form 4797) _____
E. Net Operating Loss Deduction _____	M. Other Items (Attach Schedule) _____
F. Partners Salaries (Attach Schedule) _____	N. Total Deductions (Enter on Line 14) \$ _____
G. Other Items (Attach Schedule) _____	
H. Total Additions (Enter on Line 12) \$ _____	

Schedule D			
Allocation Factors	Column A Madisonville	Column B Total	Column C Pct
O. Gross Income (If not applicable write N/A in Column C)			%
P. Total Wages & Salaries (If not applicable write N/A Col C)			%
Q. Total Percents (Line O plus Line P)			%
R. Average Percentage (Line Q divided by number of applicable percents)	Enter on Line 16		%

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
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This return must be filed and paid in full within 105 days after close of fiscal year.