

CALDWELL COUNTY FISCAL COURT NET PROFITS LICENSE FEE RETURN

Name and Address of Business  Phone Number <input style="width: 100px;" type="text"/> INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. <input style="width: 100px; height: 20px;" type="text"/>	CALENDAR/FISCAL YEAR ENDED		
		MONTH 12	DAY 31	YEAR 2025
	OFFICE HOURS: 8:00 - 4:00 MON - FRI TELEPHONE (270) 365-6660	DUE DATE 05 15 2026		

Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)

Federal ID No.

QUESTIONS (ANSWER IN FULL)

1. Nature of Business _____

2. Date Business Started in Caldwell 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 Caldwell County? Yes No

5. Basis upon which tax return is prepared Cash Accrual

6. Business Type: C-Corp S-Corp Partnership Sole-Prop.
 Fiduciary 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)

SCHEDULE A

<p style="text-align: center;">FOR OFFICIAL USE ONLY</p> Rec'd _____ Ck. No. _____ Amount _____ Posted _____ By _____	<ol style="list-style-type: none"> 1. NET Business income per Federal Tax Return 2. ADD Items not Deductible (Line F, Schedule B Below) 3. TOTAL (Line 1 Plus Line 2) 4. DEDUCT Items not subject (Line J, Schedule B) 5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4) 6. If Sch. C (line 4) is used enter here AVERAGE PERCENTAGE 7. NET PROFITS subject to License Fee (Line 5 x Line 6) 8. Prior year adjustments 9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE" 10. License Fee - \$25.00 of line 9 11. Interest - _____ per month or portion of month. 12. Penalty - _____ per month or portion of month. 13. Total (Lines 10+11+12) 14. Less Credits - () ESTIMATE () OTHER 15. BALANCE DUE (Line 13 less Line 14) pay this amount 16. If estimate overpaid Indicate () Refund or () Credit 	
<p style="text-align: center;">Make checks payable and mail to:</p> <p style="text-align: center;">CALDWELL COUNTY FISCAL COURT</p> <p style="text-align: center;">100 EAST MARKET STREET, ROOM 11 PRINCETON KY 42445 Phone Number (270) 365-6660</p> 		

SCHEDULE B

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

ITEMS NOT DEDUCTIBLE - ADD	ITEMS NOT SUBJECT - DEDUCT
A. State or Local taxes based on income B. Capital Gain (50) subject C. Net operating Loss Deduction D. TOTAL ADDITIONS (enter on line 4) E. TOTAL ADDITIONS (enter on line 4) F. TOTAL ADDITIONS (enter on line 4)	G. Interest H. Royalties on Patents, Copyrights I. Dividends J. Capital Loss (50% deductible) K. Other (attach schedule) L. TOTAL DEDUCTIONS (enter on line 6)

SCHEDULE C

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

ALLOCATION FACTORS			
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 of line 8			

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 May 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR