

**CALDWELL COUNTY, KENTUCKY OCCUPATIONAL TAX
TAX YEAR 2023
NET PROFIT LICENSE FEE RETURN**

FOR BUSINESS, PROFESSIONS OR OTHER ACTIVITY WITHIN CALDWELL COUNTY, KY, CONDUCTED BY CORPORATIONS, PARTNERSHIPS,
INDIVIDUALS AND FIDUCIARIES OF ESTATE AND TRUSTS, FARM OWNERSHIP (RESIDENT OR NON-RESIDENT)

Name: _____

Address: _____

City, State, Zip: _____

Vendor Code: _____

MAKE CHECK PAYABLE TO:
Caldwell County Treasurer

RETURN TO:
OCCUPATIONAL TAX ADMINISTRATOR
100 EAST MARKET ST., ROOM 27
PRINCETON, KY 42445
Phone 270.365.9776
E-Mail: ldunning@caldwellcourthouse.com

PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN OWNERSHIP, NAME OR ADDRESS SHOWN ABOVE

ALL AMOUNTS ROUNDED TO NEAREST DOLLAR

1. Total Gross Receipts/Income in Caldwell County (year ended ____/____/____)..... _____
2. Total Expenses in Caldwell County..... _____
3. Net Profit Caldwell County (Line 1, less Line 2)..... _____
4. Caldwell County Tax Liability is **1.5%** of Amount on Line 3 (SEE GENERAL INSTRUCTIONS)..... _____
5. Penalty 1% Per Month, Not Exceeding 10%, of Line 4..... _____
6. Interest 1% Per Month..... _____
7. Balance Due - **Minimum of \$25.00** (Line 4, plus Line 5 & 6)..... _____

8. THE MINIMUM AMOUNT DUE IS \$25. IF LINE 7 IS LESS THAN \$25, THE AMOUNT DUE IS \$25. (Change effective 2014 tax year)

INSTRUCTIONS ON BACK OF RETURN

I hereby certify that the information provided herein is true, correct and complete.
Please attach a copy of Federal Income Schedule used in completing your return as required by the Ordinance.

Signature _____ Date _____

Telephone No. (daytime) _____ **E-Mail:** _____
For E-mail Delivery of Form

Social Security _____ or Federal Tax No. _____

----- **Preparer Use Only** -----

Signature _____ Date _____

Firm Name: _____ **E-Mail:** _____

Address: _____

**THIS RETURN MUST BE FILED ON OR BEFORE MAY 15 OF EACH YEAR
OR WITHIN 135 DAYS OF THE FISCAL YEAR END SHOWING A NET PROFIT OR NET LOSS**