

ESTILL COUNTY TAX ADMINISTRATOR NET PROFITS LICENSE FEE RETURN



Name and Address of Business Phone Number () <input style="width: 100%;" type="text"/> INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. <input style="width: 100%;" type="text"/>	CALENDAR/FISCAL YEAR ENDED		
		MONTH	DAY	YEAR
		12	31	2024
	DUE DATE			
	04	15	2025	
Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1) Federal ID No. <input style="width: 100%;" type="text"/>				

QUESTIONS (ANSWER IN FULL)

1. Nature of Business _____

2. Date Business Started in This 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 This 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

FOR OFFICIAL USE ONLY Rec'd _____ Ck. No. _____ Amount _____ Posted _____ By _____	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 - 2.0000% of line 9 11. Interest - 12.00 % per annum 12. Penalty - 5.00 % per month or portion of month \$25.00 Minimum 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
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SCHEDULE 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 (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)	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 6)
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SCHEDULE C

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

ALLOCATION FACTORS			
1. Total Gross Business Receipts (see reverse side)			
2. Total Wages, Salaries and Other Personal Service			
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 _____