NE	T PROFITS LICE	INSE FEE REIT				
Name and Address of Business		ACCOUNT NO.		R/FISCAL YE		
			MONTH	DAY	YEAR	
Halahlaahlahlah			12	31	2025	
				DUE DATE		
			04	15	2026	
				Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)		
Phone Number ( )			Federal ID No.			
INDICATE ANY NAME OR ADDRESS CHANGE ABOVE		4. Did you have employees				
QUESTIONS (ANSWER IN FULL)		5. Basis upon which tax ret			No No Accrual	
1. Nature of Business		6. Business Type: C-Co				
2. Date Business Started in This County		Fiduo	ciary 🔲 Other (S	pecify)		
3. If Business was Discontinued, State When		7. Has the IRS changed the			-	
Dissolution or Sale If by sale, give N	lame and Address of successor	prior year?	es (Attach Schedu	le of Changes I	for each year)	
		DULE A				
FOR OFFICIAL USE ONLY	7				i	
FOR OFFICIAL USE ONLY	1. NET Business income per					
Rec'd	2. ADD Items not Deductible 3. TOTAL (Line1 Plus Line 2)					
Ck. No	4. DEDUCT Items not subject					
5 AD JUSTED NET BUSINES			e 4)			
Amount	ter here AVERAGE PERCEN					
Posted	License Fee (Line 5 x Line 6					
P.	8. Prior year adjustments					
Ву	9. ADJUSTED NET PROFITS (L	ine 7 less Line 8) If less than"	0"enter"NONE"			
	10. License Fee - 2.0000					
Make checks payable and mail to: ESTILL COUNTY FISCAL COURT	anumm					
130 MAIN STREET ROOM 101	12. Penalty - 5.00 % per	month or portion of month \$	25.00 Minimum			
IRVINE KY 40336	13. Total (Lines 10+11+12) 14. Less Credits - ( ) ESTIMA					
(606) 723-7524	15. BALANCE DUE (Line 13		ount			
	16. If estimate overpaid Indic		Junt			
Ասիսիվիստիվութինի						
	SCHED					
ITEMS NOT DEDUCTION			IOT SUBJECT - D			
A. State or Local taxes based on income		G. Interest				
B. Capital Gain (50) subject C. Net operating Loss Deduction		H. Royalties on Patents,	Copyrights			
D. TOTAL ADDITIONS (enter on line 4)	I. Dividends J. Capital Loss (50% deductible)					
E. TOTAL ADDITIONS (enter on line 4)		K. Other (attach schedul				
F. TOTAL ADDITIONS (enter on line 4)		L. TOTAL DEDUCTIONS	6 (enter on line 6)			
Business Alloc	<b>SCHEI</b> ation percentage-Divide (Col. B)	DULE C	least 6 places			
ALLOCATON FAC		to obtain decimal oarry out at	icast o places.			
1. Total Gross Business Receipts (see reverse side)			<u> </u>			
2. Total Wages, Salaries and Other Personal Service						
3. TOTAL PERCENTS						
4. AVERAGE PERCENTAGE (Line 3 divide	ed by number of percents)		Enter of line 8			
I hereby certify that the information	on, schedules, statements and	exhibits filed herewith are tru	e and correct.			
Signed		Title	Date	)		

RETURN IS DUE ON OR BEFORE APRIL 15TH FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF THE FISCAL YEAR