

MARSHALL COUNTY OCCUPATIONAL LICENSE FEE NET PROFIT LICENSE FEE RETURN

This form must be completed in its entirety. Make address changes as needed below.

ALL LICENSEES MUST ANSWER THE QUESTIONS BELOW

CHECK IF ADDRESS CHANGE
 AMENDED RETURN
 NO ACTIVITY

ACCOUNT NO.	FEDERAL ID OR SOCIAL SECURITY NUMBER
FOR YEAR ENDING	

Name: _____

Address: _____

Phone No. _____ Fax No. _____

A. Principle business activity: _____

B. Principle owner/ administrative officer: _____
Address: _____

C. Was business activity discontinued? _____ When? _____ For dissolution _____ or Sale/ Transfer? _____
If sale / transfer provide: Successor Name: _____
Successor address: _____

*** ALL LICENCEES MUST COMPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING THIS SECTION***

LICENSE FEE CALCULATION

14 ADJUSTED NET PROFIT- From line 13 of Adjusted Net Profit Calculation on pg 2	
15 Enter percentage from line 4 of Business Apportionment Section on page 2	
16 Net Profits Allocation - Line 14 X Line 15	
17 Marshall Conty License Fee - Line 16 X 1 % (.01)	
18 Credits: Estimated Payments and/ or payment made with extension	
19 Balance of License Fees Due - (Line 17 minus Line 18) <small>If negative, skip 20,21, & 22 and enter result on line 23</small>	
Penalty - 5 % per month, not to exceed 25% - Minimum \$25	
20 Penalty due on amount owed from original due date, unless full estimated payments were made. <small>If payment not made by extension date, penalty will be calculated back to original due date</small>	
21 Interest - 12% per annum <small>Calculate interest on amount owed on Line 19 from original due date</small>	
22 Total amount due - Add lines 19, 20, & 21	
23 Overpayment - to be refunded (If line 18 is greater than line 17.)	

I hereby certify, under penalty of perjury, that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge

Preparer signature (Return must be signed.) _____ Date _____
 Print name _____ Federal ID _____
 Address _____ Phone No. _____

Taxpayer signature (Return must be signed.) _____ Date _____
 Print Name _____
 Title _____ Social Security No. _____

Make check payable to: MARSHALL COUNTY TAX ADMINISTRATOR
 Mail this form along with supporting schedules to: MARSHALL COUNTY TAX ADMINISTRATOR * P O BOX 114 * BENTON, KY 42025
 Phone: (270)527-4725 email: erica.west@marshallcountky.gov

Return must be filed and paid In full by the 15th day of the fourth month after the close of the fiscal/ calendar year , unless a filing extension has been granted. Attach copy of any Federal Extension.

ADJUSTED NET PROFIT CALCULATION

	INDIVIDUAL	PARTNERSHIP	CORPORATION
1) Non-employee compensation reported as "other income" on Federal Form 1040, W-2 income with no local withholding or unused pastor housing allowance. Precinct worker income is exempt.			
2) Net Profit per each Federal Schedule C, C-EZ, E, F or Form 4835 If reporting more than one schedule, losses on one schedule cannot be netted against the other schedules or other income reported on line 1			
3) Capital gain from sale of business property as reported on Form 4797 Form 6252 or Schedule D			
4) Ordinary business income or (loss) per Federal Form 1065 Schedule K line 1			
5) Taxable income (loss) per Federal Form 1120 line 30 or Ordinary income (loss) per Federal Form 1120S Schedule K line 1			
6) State income taxes and occupational license taxes based upon income deducted on the federal Schedule C, E, F, or Form 1065, 1120 and 1120S			
7) Additions to Ordinary Income- Sum of Form 1065 Schedule K lines 2-11 or Form 1120S Schedule K lines 2-10. Guaranteed payments (Form 1065 Sched. K line 4) may be excluded only if reported by the partner			
8) Net operating loss deducted on Form 1120 Line 29a			
9) Total Income- Add line 1 through line 8			
10) Subtractions from Ordinary Income - Sum of Form 1065 Schedule K lines 12-13d and 16l or Form 1120S Schedule K lines 11-12d and 14l.			
11) Other adjustment (Attach explanation and /or Schedule)			
12) Total Deductions - Add Line 10 through Line 11			
13) Adjusted Net Profit - Subtract Line 12 from Line 9. Enter here and on Line 14 on page 1.			

ATTACH THE FOLLOWING FORMS AND RELATED SCHEDULES (as applicable)
Form 1040 pg. 1 and Sched. C, C-EZ, E or F and/or Form 4835, 4797 or 6252
Form 1120 pg. 1-2 or Form 1120S pg. 1-4 or Form 1065 pg. 1-5

BUSINESS APPORTIONMENT

APPORTIONMENT FACTORS	COLUMN A MARSHALL CO.	COLUMN B TOTAL EVERYWHERE	COLUMN C DIVIDE (A / B = C)
1) PAYROLL FACTOR <small>Gross compensation paid during the year to employees</small>			
2) SALES REVENUE FACTOR <small>Receipts from the sales, lease or rental of goods, services or property</small>			
3) ADD TOTAL PERCENTAGES			
4) BUSINESS APPORTIONMENT - Enter here and on Line 15 of page 1 <small>If you had both a payroll factor and a sales revenue factor, then divide line 3 by two (2) If you had a payroll factor OR sales revenue factor, but not both, then enter the percentage from line 3</small>			