

LOGAN COUNTY NET PROFITS LICENSE FEE RETURN

**** IMPORTANT ****
MAIL THIS FORM ALONG WITH SUPPORTING SCHEDULES LISTED BELOW, BUT NOT LIMITED TO

Fed. Sch. C,D,E,F, K (1040)
 Fed. 4835, 4797, 6252, 1065
 Fed. 1120/1120(s)

FEDERAL RETURN SHOULD INCLUDE:

- 1) Cost of Goods Sold Schedule
- 2) Schedule of "Other Deductions"

Make Checks Payable To:
 Logan County Treasurer

Mail To:
 Occupational/Net Profits Tax
 P.O. Box 236
 Russellville, Ky 42276
 Phone (270) 726-4667
 Fax: (270) 726-4668

SPACE FOR OFFICE USE ONLY

1. Gross Receipts/Sales and Other Income per attached Federal Return _____
2. Cost of Goods Sold and/or Operations plus other Federal Pre-Gross income Deductions _____
3. Gross income per attached Federal Return (Line 1 less Line 2) _____
4. Total Deductions per attached Federal Return _____
5. Net Profit/income per attached Federal Return (Line 3 less Line 4) _____
6. Add items not Deductible (Line 27, Section B on Back) _____
7. Total (Line 5 plus Line 6) _____
8. Subtract Items not Subject (Line 35, Section B on Back) _____
9. Adjusted Net Profit/Income (Line 7 less Line 8) _____
10. Average Percentage if Applicable (Line 39, Section C on Back) _____
11. Net Profit Subject to License Fee (Line 9 multiplied by Line 10) _____
12. License Fee Due .75% (Multiply Line 11 by .0075) _____
13. Estimate Payments or Prior Year Overpayment _____
14. Refund or Credit. If Line 13 is Greater than Line 12 enter the difference (Circle one: REFUND or CREDIT) _____
15. BALANCE DUE _____
16. Interest - 1% per month or portion of month Beginning 1st day after Original Due Date _____
17. Penalty - 5% per month or portion of a month or \$25 whichever is Greater _____
18. Total amount due (add lines 15, 16 and 17) _____

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		%
11		
12		
13		
14		
15		
16		
17		
18		

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

X _____
 Signature of Individual Preparing Return

 Date & Phone

**RETURN MUSTX
 BE SIGNED.**

 Signature of Taxpayer

 Date

IF FILING AN EXTENSION PLEASE SUBMIT A COPY OF IT BEFORE THE DUE DATE ON THIS RETURN.

*All returns must be post-marked by the due date or the extension date, (if an extension was filed/granted with our office) to avoid penalty charges. Filing an extension only extends your time to file. It does not extend you time to pay. Regardless of the number of extensions filed, interest is 1% per month or portion of a month, beginning the first day you file after the original due date. Zero returns that are filed late will have the \$25.00 minimum penalty charge.

FOR YEAR ENDED		
MONTH	DAY	YEAR

DUE DATE		
MONTH	DAY	YEAR

SSN # and/or FED ID	
BUSINESS CLASSIFICATION (CHECK ONE):	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FIDUCIARY <input type="checkbox"/> OTHER
Is this a NEW account <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Business Activity Began _____	
CHECK IF FINAL RETURN <input type="checkbox"/>	
Date Business Activity Ceased _____	
<input type="checkbox"/> For Dissolution	<input type="checkbox"/> Sale/Transfer

COUNTY OCCUPATIONAL ACCOUNT NUMBER	
MAILING ADDRESS	