

NET PROFIT LICENSE FEE RETURN

This form must be completed in its entirety. If Federal I.D. or Social Security Number is omitted, this form will be returned to you. If address change applies, you must check the address change box.

<input type="checkbox"/> CHECK IF ADDRESS CHANGE	<input type="checkbox"/> AMENDED RETURN	<input type="checkbox"/> NO ACTIVITY	FEDERAL I.D. OR SOCIAL SECURITY NUMBER
Name _____			
Address _____			
City _____	State _____	Zip _____	

CHECK IF FINAL RETURN Date Operations ceased: _____ (Required to close account)

*** ALL LICENSEES MUST ANSWER THE QUESTIONS BELOW ***

- A. Principle business activity: _____
- B. During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year? _____
If YES, which year(s) was adjusted? _____ (Attach statement of changes)
- C. Principle owner/administrative officer: _____
Address: _____ (Phone #): _____
- D. Did you file a consolidated return? _____
- E. Was business activity discontinued? _____ When? _____ For Dissolution _____ or Sale/Transfer? _____
If sale/transfer state successor _____
Name and address _____
- F. Did you have employees in BUTLER COUNTY during year? Yes _____ No _____
- G. Has BUTLER COUNTY License fee been withheld from all subject Employees and Remitted Quarterly in Accordance with the Regulations? Yes _____ No _____
If Answer is "No", explain: _____

YES NO Did you make payments in the sum of \$600.00 or more to any individual for services rendered in BUTLER COUNTY other than an employee? IF YES, YOU ARE REQUIRED TO FILE COPIES OF FEDERAL FORM 1099.

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

21. Enter ADJUSTED NET PROFIT (From Line 16 on back of this form):	
22. Enter percentage from Line 19 or 20	
23. Net Profits Allocation (Line 21 x Line 22)	
24. BUTLER COUNTY License Fee (Line 23 x 1%)	
25. Credits: Estimated Payments	
26. Balance of License Fees Due (Line 24 Minus Line 25)	
27. Penalty - 5% per month, not to exceed 25% - Minimum \$25 Penalty due on amount owed from original due date, unless appropriate estimated payments were made. If payment not made by extension date, penalty will be calculated back to original due date.	
28. Interest - 12% per annum Calculate interest on amount owed on Line 26 from original due date.	
29. Total amount due	
30. Overpayment <input type="checkbox"/> Credit <input type="checkbox"/> Refund (refunds will only be given for more than \$100.00. Otherwise your account will be credited toward future filings.)	

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 _____	Taxpayer Signature (Return must be signed) _____ / Date _____
Print Name _____ Federal I.D. # _____	Print Name _____
Address _____ Phone No. _____	Title _____ Social Security No. _____

Make check payable to: Butler County Treasurer

Mail this form along with supporting schedules to: Butler County Treasurer, PO Box 608, Morgantown, KY 42261

This return must be filed and paid in full by the fifteenth day of the fourth month after the close of the fiscal/calendar year, unless an extension of time to file has been granted.