CITY OF PARIS, KENTUCKY NET PROFITS LICENSE FEE RETURN

Form OLF-4 Revised 8/89 NET PROFIL	S LICENSE FEE KE	IUKN		
FISCAL YEAR ENDED Important		QUESTIONS (ANSWER FULLY) A. Name of Business B. Date Business Stared in Paris C. Was activity in Paris discontinued? Yes D. If Organization was discontinues, state when Dissolution or Sale if by Sale Give Name and Address of Successor E. Did you have employees in Paris in ? Yes F. Basis on which this Return is prepared, Cash Accrual		
Mo. Day Year Employer ID or Soc. Sec. Acct No.	B. Date Business Stared C. Was activity in Paris D. If Organization was			
PLEAE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNWERSHIP OR NAME AND ADDRESS SHOWN BELOW	Address of Successo E. Did you have employ			
Name and Address of Business	G. Check Which:C Partnership Other (state) H. Have Federal Author Prior Year? Yes	G. Check Which:CorporationSub-Chapter S PartnershipIndividual OwnerFiduciary Other (state) H. Have Federal Authorities changed the Net Income as Originally Reported for Any		
	SCHEDULE A			
Total Gross Receipts per Federal Return, Form	of Line 12	Make Checks Pay Mail to City of Pa	DO NOT WRITE IN THIS SPACE	
16. If ESTIMATE overpaid indicate Refund Credit *IF <u>MINIMUM PAID</u> IS MORE THAN LINE IS <u>NO</u> REFUND OR CREDIT MAY BE TAKE DIFFERENCE *IF <u>MINUMUM PAID</u> IS MORE THAN LINE IS <u>NO</u> REFUND OR CREDIT	SCHEDULE B	525 Ĥigh Paris, KY	St. 40361	
ITEMS NOT DEDUCTIBLE—ADD A. State or Local taxes based on income B. Capital Gain C. Net Operating Loss Deduction D. Partners' Salaries (attach schedule) E. Other items (list) F. TOTAL ADDITIONS (enter on Line 4)	H. Royalties on Par I. Dividends J. Capital Loss K. Other —e.g., Al (atta) L. TOTAL DEDUC	ITEMS NOT SUBJECT—DEDUCT G. Interest *		
Business Allocation Percenta	SCHEDULE C ge, Divide (Col A by (Col B)) to obtain decimal		
ALLOCATION FACTORS	Column A Paris Factor	Column B TOTAL FACTOR	Column C PERCENTAGE	
 Total Gross Business Receipts Total Wages, Salaries and Other Personal Service (Compensation Paid to Employees) TOTAL PERCENTS A VERAGE PERCENTAGE (Line 3 divided by number of percents) E 		\$ \$	% % %	
I hereby certify that the statements made herein and in any suppor Return Be Sig	must	prrect, and complete to the be	st of my knowledge.	
Signature of Individual Preparing Return	Signature of Taxpayer	r	Date	
If receipt is desired, return copy of thi OFFICE HOURS 8:00—5:00 M This return must be filed and paid in full on or before APRIL 1:	MON—FRI Tel	ldressed, stamped envelope. ephone 859-987-2110 after close of fiscal year, sale, l	iquidation or transfer.	