CITY OF PARIS, KENTUCKY
NET PROFITS LICENSE FEE RETURN

Form OLF-4 Revised 8/89

FISCAL YEAR ENDED	Important	
Mo. Day Year		Employer ID or Soc. Sec. Acct No.

PLEAE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNWERSHIP OR NAME AND ADDRESS SHOWN BELOW

Name and Address of Business

QUESTIONS (ANSWER FULLY)

A. Name of Business _____

B. Date Business Stared in Paris _____

C. Was activity in Paris discontinued? ____ Yes ____ No

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___ No___

F. Basis on which this Return is prepared, Cash ___ Accrual ___

G. Check Which: ___Corporation ___ Sub-Chapter S ___Partnership ___Individual Owner ___Fiduciary ___ Other (state) _____

H. Have Federal Authorities changed the Net Income as Originally Reported for Any Prior Year? Yes___ No___ If Answer "YES", Attach Schedule of Changes for Each Year.

SCHEDULE A

1. Total Gross Receipts per Federal Return, Form _____	
2. Total Business Deductions per Federal Return	
3. Net Business Income per Federal Return	
4. ADD items not deductible (Line F, Schedule B)	
5. Total (Line 3 plus Line 4)	
6. DEDUCT items not subject (Line L, Schedule B)	
7. ADJUSTED NET BUSINESS INCOME (Line 5 less Line 6)	
8. If Sch. C (Line 4) is used enter here AVERAGE PERCENTAGE	
9. NET PROFITS subject to License Fee (Line 7 X Line 8)	
10. License Fee at 1 1/2% of Line 9	
11. Less Credits—MINIMUM PAID _____ *ESTIMATE _____	
12. Sub-total (Line 10 minus Line 11)	
13. Interest —FOR LATE FILING— 1% per month or portion of month of Line 12	
14. Penalty —FOR LATE FILING minimum $25 or 5% not to exceed 25%— Line 12	
15. BALANCE DUE (Lines 12 + 13 + 14)	
16. If ESTIMATE overpaid indicate Refund ____ Credit ___	

***IF MINIMUM PAID IS MORE THAN LINE 15 NO RFUND OR CREDIT MAY BE TAKEN FOR THAT DIFFERENCE**

***IF MINUMUM PAID IS MORE THAN LINE 15 NO REFUND OR CREDIT**

DO NOT WRITE IN THIS SPACE

Make Checks Payable to City of Paris
Mail to City of Paris
Occupational License Dept.
525 High St.
Paris, KY 40361

SCHEDULE B

NOTE: ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME PER FEDERAL RETURN

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) _____

ITEMS NOT SUBJECT—DEDUCT

G. Interest * _____
H. Royalties on Patents, Copyrights _____
I. Dividends _____
J. Capital Loss _____
K. Other —e.g., Alcoholic Bev. Net. etc. (attach schedule) _____
L. TOTAL DEDUCTIONS (enter on Line 6) .

***EXCLUDABLE if the principal business activity ~~is NOT investments.~~**

SCHEDULE C

Business Allocation Percentage, Divide (Col A by (Col B) to obtain decimal

ALLOCATION FACTORS	Column A Paris Factor	Column B TOTAL FACTOR	Column C PERCENTAGE
1. Total Gross Business Receipts	$_____	$_____	_____ %
2. Total Wages, Salaries and Other Personal Service (Compensation Paid to Employees)	$_____	$_____	_____ %
3. TOTAL PERCENTS			_____ %
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents) Enter on Line 8			_____ %

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

Return must Be Signed

_____ Signature of Individual Preparing Return

_____ Signature of Taxpayer

_____ Date

If receipt is desired, return copy of this form and enclose self addressed, stamped envelope.

OFFICE HOURS 8:00—5:00 MON—FRI Telephone 859-987-2110

This return must be filed and paid in full on or before APRIL 15, , or within 105 days after close of fiscal year, sale, liquidation or transfer.