



CITY OF BOWLING GREEN, KY
 P.O. Box 1410
 Bowling Green, KY 42102-1410
 (270) 393-3000 FAX 270-393-3636
 www.bgky.org

NPO

NET PROFIT LICENSE FEE RETURN

ENTITY NAME _____
DBA _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____

CHECK IF ABOVE IS A CHANGE OF ADDRESS

Occupational Account Number _____

For Tax Year Ending _____	Due on or Before _____
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Due Date Per Approved City Extension _____

Social Security or Federal ID # _____

Entity Filing Return: Individual Partnership Corporation
 LLC (filing as _____)

QUESTIONS BELOW MUST BE ANSWERED IN ORDER FOR THE RETURN TO BE ACCEPTED AS A COMPLETED RETURN:

Description of Business: _____

Print Name of Individual To Contact About This Return _____ Phone #: _____

Email Address Pertaining to this form: _____

Check if Final Return Date Operations Ceased _____ Short Period Amended Return

If a permanent change of fiscal year end date has occurred give new year end : _____

If final return give reason for closing: _____

If this is a LLC filing as a disregarded entity check here and read instructions below:

*****LLC's Reporting and filing on income under a separate City account number must provide that City Account number below. If a City account number is provided for an active filing entity, the license fees will be waived for this return and no balance will be due. The return must still be filed as a zero return by the original due date (or by a city approved extended date) in order to avoid penalties.*****

Income for this LLC is filed under City account number: _____

Alcohol Beverage Sales Deduction worksheet:

Divide: KY Alcoholic Beverage Sales =..... %

Total Sales (Total Gross Receipts of Business from Line 1)

Enter Total Adjusted Income from Line 6

Alcoholic Beverage Sales Deduction (multiply % arrived at by Total Adjusted Income)Enter on Line J.....

Important points to review before mailing: (Detailed instructions for completing this return can be found on our website www.bgky.org)

- Did you complete both sides of this return? **NAME AND ACCOUNT NUMBER NEEDS TO BE COMPLETED ON BOTH SIDES TO ENSURE PROPER FILING.**
- Have you attached required applicable federal schedules? (For Example: Fed Schedule C, Fed 1120 or 1120s, Schedule E, Fed 1065, Fed 1041 and/ or other applicable Federal Returns or schedules that were used to arrive at the net profit on front of this return).
- If this is an LLC that is disregarded, did you note special instructions in box above?
- If on Federal Extension, a City Extension with estimated payment must be filed with our office by the original due date to avoid penalty charges. Interest will be due from the original due date. **The Extension Request Form can be found on the City website.**
- If you are using a percentage on line 10, the apportionment section must be completed.
- If you are filing a late return, did you calculate and pay any applicable penalty and interest fees?
- If this is the first time you have filed with our City, have you completed a Business Registration application and paid the required fees?



Business Name : _____ Occupational Account # _____

Tax Year ____/____/____ Due Date ____/____/____ Soc Sec/Fed ID _____

- 1. GROSS RECEIPTS AND SALES LESS RETURNS AND ALLOWANCES PER ATTACHED REQUIRED FEDERAL RETURNS..... 1. _____
2. COST OF GOODS SOLD PER ATTACHED FEDERAL RETURN 2. (_____)
3. ADDITIONAL INCOME (INCLUDING BUT NOT LIMITED TO -DIVIDENDS, INTEREST, GROSS RENTS, GROSS ROYALTIES, NET GAIN OR LOSS (4797), CAPITAL GAIN (SCHEDULE D , FORM 1120 , OTHER INCOME) PER ATTACHED FEDERAL RETURN 3. _____
4. TOTAL INCOME (LINE 1 SUBTRACT LINE 2, ADD LINE 3)..... 4. _____
5. TOTAL DEDUCTIONS PER ATTACHED FEDERAL RETURN 5. (_____)
6. NET PROFIT PER ATTACHED FEDERAL RETURN (LINE 4 LESS LINE 5) 6. _____
ADJUSTMENTS (IF APPLICABLE) PER CITY OF BOWLING GREEN ORDINANCE :

Table with 2 columns: ITEMS NOT DEDUCTIBLE AND MUST BE ADDED BACK; ITEMS NOT SUBJECT AND ARE DEDUCTIBLE. Rows include State Income Taxes, Net Operating Loss Carryover, Capital Loss, Partners Guaranteed Payments, Other, Interest Income, Dividend Income, Net Capital Gain, Alcohol Sales Deduction, Allowable Pass Through Expenses, and TOTAL ADDITIONS/DEDUCTIONS.

- 7. ITEMS NOT DEDUCTIBLE (TOTAL FROM LINE F) 7. _____
8. ITEMS NOT SUBJECT (TOTAL FROM LINE L) 8. (_____)
9. ADJUSTED NET PROFIT (LINE 6 -ADD LINE 7 AND SUBTRACT LINE 8) 9. _____

Calculation of Apportionment Percentage is for a business whose activities were conducted in more than one city

Table for Apportionment Percentage calculation. Rows include Sales Factor (M, N, O) and Payroll Factor (P, Q, R). Row S: Total Percentages (add line O + R). Row T: Apportionment Percentage - if both lines N and Q are greater than zero, divide entry on line S by 2. Enter on line T. If either line N or Q is zero, enter the total amount from Line S on Line T. (Do not divide by 2). (Final percentage arrived at to line 10).

10. _____ % (If line 10 is less the 100% the apportionment calculation section must be completed)

- 11. NET PROFIT SUBJECT TO LICENSE FEE (LINE 9 MULTIPLIED BY LINE 10)..... 11. _____
12. LICENSE FEE DUE AT THE RATE OF 1.85% (LINE 11 MULTIPLIED BY 1.85 %)..... 12. _____
(**If amount is less than \$30.00, a minimum fee of \$30.00 is due on line 12**)
13. PREVIOUS PAYMENTS MADE (PRIOR CREDITS OR ESTIMATES PAID) 13. _____
14. REFUND OR CREDIT. IF LINE 13 IS GREATER THAN LINE 12 CHECK PREFERENCE [] CREDIT [] REFUND 14. _____
15. BALANCE DUE. IF LINE 12 IS GREATER THAN LINE 13 ENTER BALANCE OF LICENSE FEE DUE HERE..... 15. _____
16. INTEREST—1% (PERCENT) PER MONTH OR PORTION OF MONTH..... 16. _____
17. PENALTY—5% (PERCENT) PER MONTH OR PORTION OF MONTH NOT TO EXCEED 25% (BUT SHALL NOT BE LESS THAN \$25.00)..... 17. _____
18. TOTAL AMOUNT DUE (ADD LINES 15, 16, AND 17)..... 18. _____

SIGNATURE OF TAXPAYER _____ DATE _____ PHONE NUMBER _____ EMAIL _____

SIGNATURE OF PREPARER _____ DATE _____ PHONE NUMBER _____ EMAIL _____

Credit card information is not retained in our files.



THIS INFORMATION IS CONFIDENTIAL & NOT SUBJECT TO OPEN RECORDS

Business Name _____

Please Bill VISA MasterCard Discover American Express

Credit Card Account # _____

Expiration Date: ____ - ____ - ____ Card Verification Code (found on back of card) _____

For the amount of \$ _____

Authorized Signature as it appears on card _____

Print the name and address the Visa, MasterCard, American Express or Discover monthly statement is mailed to:

Name _____ Business name if applicable: _____

Street Address or Post Office Box City State Zip Code

City forms with this page may be faxed to a secure location at 270.393.3636

If mailing this form use address below:

City of Bowling Green

P. O. Box 1410

Bowling Green, KY 42102-1410

Checklist:

1. Have you included a completed credit/debit card remittance form or a check payable to the City of Bowling Green?
2. Have you answered each question fully?
3. Have you signed your application certifying that all information is true and correct?
4. Do you have proper identification if requested at time of application?
5. Have you attached a signed/valid copy of your deed or lease if required?
6. Have all additional required documents been attached?
7. Have you given an accurate description of your product being sold or your service?
8. Have you indicated if your business will have Alcohol Sales or Live Entertainment at your business?