

Net Profit License Fee ReturnFROM BUSINESS, PROGRESSION OR OTHER ACTIVITY WITHIN THE CITY OF MARION,
CONDUCTED BY CORPORATIONS, PARTNERSHIPS, INDIVIDUAL AND FIDUCIARIES OF ESTATES AND TRUSTS.

(RESIDENT OR NON-RESIDENT)

CALENDAR YEAR ENDED DECEMBER 31, 20____

OR

FISCAL YEAR: MONTH _____ DAY _____ YEAR _____

ATTACH A COPY OF
FEDERAL RETURN FORM
USED AS A BASIS OF
LICENSE FEE**BASIS OF LICENSE FEE**

In computing the amount due, the taxpayer begins with gross receipts as shown by the Federal Income Tax Return less deductions as determined by the Federal Return.

Deduction of general business expenses will be allowed to the extent recognized and approved as such in determining Federal Income Tax.

Please attach a copy of the following Federal Income Schedules used in completing your return as required by ordinance:

Individual Proprietorship.....Form 1040, Separate Schedule C

Estates and Trusts Form 1041, Page 1

Partnerships Form 1065, Page 1

Corporations Form 1120, Page 1

Sub-Chapter S Corporations Form 1120-S, Page 1

CHECK OR MONEY ORDER PAYABLE TO: TREASURER, CITY OF MARION, KENTUCKY

1. Gross Income per Federal Return.....
- 1a. Less Gross receipts from manufacturing or trafficking alcoholic beverages.....
2. Adjusted Gross Income.....
3. Total deductions per Federal Return (if Federal Return is Form 1040, do not include Page 3 deductions or personal exemptions)
4. Net income per Federal Return Form, Form 1040 ____ : 1041 ____ : 1065 ____ : 1120 ____
5. Percent (As determined by Schedule B).....
6. Net Profits subject to Marion License Fee.....
7. Marion License fee at 1.5%.....
8. Interest 2/3 of 1% per month, if delinquent.....
9. Penalty 15% of the amount of the unpaid License Fee, if delinquent.....
10. TOTAL (items 7, 8 and 9).....
11. Less Credits (including \$50.00 minimum license fee paid).....
12. BALANCE DUE (Item 10 minus item 11).....

SCHEDULE B

BUSINESS ALLOCATION PERCENTAGE FORMULA DIVIDE Col 1. BY Col.2 TO OBTAIN DECIMAL – CARRY OUT DECIMAL AT LEAST SIX PLACES

ALLOCATION FACTORS	COL. 1 MARION FACTOR	COL. 2 TOTAL FACTOR	COL. 3 PERCENTAGE
1.Gross Sales of merchandise, less Returns and Allowances (Do not include Discounts allowed)			
Charges for work or services performed			
Other Income			
Total business Receipts Factor			
2.Wages, Salaries and other Personal Service Compensation			
Total net Wages Factor			
3.Total Percents			
4.Average Percentage (Line 3 divided by number of Percents) (Carry Percentage to Line 5)			
DID YOU HAVE ANY EMPLOYEES IN 20____? _____ (YES OR NO)			

CERTIFICATE**PREPARED BY:****I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULE OR EXHIBIT ARE TRUE, CORRECT AND COMPLETE**

(SIGNATURE OF LICENSED PAYER) _____ DATE _____

THIS RETURN MUST BE FILED WITH FULL PAYMENT OF THE FEE ON OR BEFORE APRIL 15 OF EACH YEAR, OR WITHIN 105 DAYS FROM THE CLOSE OF YOUR FISCAL YEAR, WITH THE CITY TREASURER, 217 S. MAIN ST., MARION KY 42064