

CITY OF FULTON KENTUCKY - NET PROFIT LICENSE FEE RETURNED		Fiscal Yr Ended	
P.O. Box 1350, Fulton, KY 42041 (270) 472-1320 ; FAX (270) 472-6526			
Name		Are the correct tax documents attached?	Check Below
D/B/A	Account #	<ul style="list-style-type: none"> Federal Form 1040; Sch(s) C, E, F Federal Tax Form 1065 Federal Tax Form 1120 	
Business Address		<ul style="list-style-type: none"> Federal Tax Form 1120S; Form 8825 (if applicable) Federal Forms 1099 	
City, State and Zip			
(Checks Are Payable to: CITY OF FULTON, KY.)			

Section A

- Circle Appropriate Form of Business: Corporation, S Corporation, LLC, Partnership, Individual Owner
- Social Security and/or Federal ID Number(s) _____
- Do you have employees working in the City limits this year? (Circle One) Yes No
- Have Federal Authorities changed the net income as originally reported for any prior years? Yes No Year _____
- Business phone: _____ Home phone _____ Cell Phone _____
- Do you operate additional businesses? (Circle One) Yes No ;
- If Question 6 was "Yes", Give Names of Additional Businesses _____

Section B

8. Total Gross income per attached Return		\$
9. Total Deductions per attached Return		\$
10. Net Income per attached Return		\$
11. Add items not deductible (Line H Section C)		\$
12. Total (Line 10 plus Line 11)		\$
13. Deduct Items Not Subject (Line N, Section C)		\$
14. Adjusted Net Income (Line 12 less Line 13)		\$
15. If Section D is used enter Average Percentage (Line R)		\$
16. Net Profit subject to License Fee (Line 14 x Line 15)		\$
17. License Fee (Line 16 x 2.0%)		\$
18. Credits - \$50.00 Minimum License Fee plus any Estimated Payments		\$
19. Balance (Line 17 less Line 18)		\$
20. Interest 1% per month or part of month		\$
21. Penalty 5% of unpaid balance or \$25.00 which ever is greater		\$
22. Total amount due (Line 19 plus Line 20 plus Line 21)		\$

Section C

ADD Items Subject to Tax		DEDUCT Items Not Subject-	
A. State or Local Taxes	\$	I. Interest Income	\$
B. License Fee under this Ordinance	\$	J. Dividends	\$
C. Net loss from Capital Assets	\$	K. Net Gain from Capital Assets	\$
D. Ordinary Losses (Form 4797)	\$	L. Ordinary Gains (Form 4797)	\$
E. Net Operating Loss Deduction	\$	M. Other Items (Attach Schedule)	\$
F. Partners Guaranteed Payments (Attach Schedule)	\$	N. Total Deductions (Enter on Line 13)	\$
G. Other Items (Attach Schedule)	\$		
H. Total Additions (Enter on Line 11)	\$		

Allocation Factors	Col A Fulton	Col B Total	Col C Percentage
O Gross Income (If not applicable write NA)	\$	\$	
P. Total Wages (If not applicable write N/A)	\$	\$	
Q. Total Percents (Line O plus Line P)			%
R. Average % (Line Q divided by number of applicable percents)			%

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

Signature of Individual Preparing Return _____ Date _____ Signature of Individual Preparing Return _____ Date _____

The return must be filed, paid in full, and returned with ALL supporting documents within 105 days of fiscal year end.