

CITY OF MORGANTOWN

P.O. BOX 397, Morgantown, KY 42261

Net Profits/Occupational Tax License Fee Return

UNDER ORDINANCE 08-05

FROM BUSINESS, PROFESSION, OR OTHER ACTIVITY WITHIN THE CITY OF MORGANTOWN, CONDUCTED BY CORPORATIONS, PARTNERSHIPS, INDIVIDUALS AND FIDUCIARIES OF ESTATES AND TRUSTS.

(RESIDENT OR NON-RESIDENT)

CALENDAR YEAR ENDED DECEMBER 31, 20\_\_

OR

FISCAL YEAR INDICATED BELOW

Table with 3 columns: MO., DAY, YEAR

CHANGE NAME AND ADDRESS ABOVE IF NOT CORRECTLY SHOWN

Give Trade Name, If Any

Nature of Business

CHECK OR MONEY ORDER PAYABLE TO: CLERK/TREASURER, CITY OF MORGANTOWN, KENTUCKY

COMPUTATION OF LICENSE FEE

Table for license fee computation with 7 rows and 2 columns.

QUESTIONS (ANSWER FULLY)

1. CHECK WHICH: [ ] Corporation, [ ] Partnership, [ ] Individual Owner, [ ] Fiduciary, [ ] Other (State)

2. Date Business Started or Trust Created

3. Did you Pay A Business Privilege License for 20\_\_? (Yes or No)

4. If Organization was Discontinued, State Whether by Dissolution or Sale. If by Sale, Give Name and Address of Successor Organization.

5. Did You Have Any Employees in 20\_\_? (Yes or No)

6. Has Morgantown License Fee Been Withheld From All Subject Employees and Remitted Quarterly in Accordance With the Regulations?

If Answer is "No" Explain:

7. Has Return of Information for Each Employee, as Per the Regulations, Been Forwarded to the CLERK/TREASURER? (Yes or No)

8. Check Whether This Return is Prepared on Cash or Accrual Basis.

9. Show Name and Address of Each Place of Business Operated Subject to the Morgantown License and Check if Not Included in This Return.

Table for listing business places with 'Not Included' column.

CERTIFICATE

Prepared by I HEREBY CERTIFY that the statements made herein and any supporting schedule or exhibit are true, correct and complete.

(Signature of License Fee Payer) Date 20\_\_

This return must be filed with full payment of the fee on or before May 15, of each year, or within 135 days from the close of your fiscal year, with the City Clerk/Treasurer, City Hall, P.O. Box 397, Morgantown, Kentucky, 42261.

**SCHEDULE A**

**Computation of Net Profits Subject to License Fee**

1. Gross Income Per Federal Return _____ <small>(If Federal Return Is Form 1040 Do Not Include Page 3 Deductions of Personal Exemptions.)</small>		
2. Total Deductions Per Federal Return _____		
3. Net Income Per Federal Return, Form 1040 _____; 1041 _____; 1065 _____; 1120 _____		
4. Add Items Not Deductible Under License Fee Ordinance _____		
5. Total (Line 3 Plus Line 4) _____		
6. Deduct Income Not Subject To License Fee Ordinance. _____		
7. Adjusted Income For Calendar Year 20____ or Fiscal Year Ending _____ 20____		
8. Per Cent (As Determined by Schedule B) _____		%
9. Net Profits Subject to Morgantown License Fee - Enter as Item 1, Page 1 _____		

ALLOCATIONS FACTORS	COL 1 MORGANTOWN FACTOR (A)	COL. 2 TOTAL FACTOR (B)	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 8, Schedule A)