

**CALVERT CITY OCCUPATIONAL LICENSE TAX RETURN**

For the year ended **December 31**, or other taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**Section A**

- 1) Business phone \_\_\_\_\_
- 2) Principal business activity \_\_\_\_\_
- 3) Principal Owner/Administrative Officer \_\_\_\_\_
- 4) Social Security Number or Employer Identification Number \_\_\_\_\_
- 5) Name and address (change if incorrect on label) \_\_\_\_\_

- 6) If business activity began within the City during the year, enter the date \_\_\_\_\_
- 7) If business activity was discontinued within the City during the year, enter date \_\_\_\_\_
- 8) Did you have employees in Calvert City during the year? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9) Type of organization: Corporation \_\_\_\_\_ S-Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
 LLC \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_

**Section B**

1	Adjusted net business income (from Worksheet 1, Line 22)	
2	Average allocation percentage (from Worksheet 1, line 26)	
3	Net profits subject to license tax (Line 1 multiplied by Line 2)	
4	License tax due (Line 3 multiplied by .005)	
5	Interest, if filed after due date (1% per month or portion thereof)	
6	Penalty, if filed after due date (5% per month or portion thereof, not to exceed 25%). Minimum \$25	
7	Total tax, interest and penalty (Add lines 4 through 6)	
8	Less credit (amount paid with extension or overpayment credited from prior year - attach schedule)	
9	Balance due (If Line 7 is greater than Line 8, enter here and pay balance due with return)	
10	Overpayment (If Line 8 is more than Line 7, enter here and check preference) Refund <span style="margin-left: 150px;">Credit</span>	

**IMPORTANT:** The appropriate schedules must be attached or the return will be be mailed back and will be considered delinquent

**REMIT TO:** CITY OF CALVERT CITY  
 PO BOX 36  
 CALVERT CITY, KY 42029

**DUE DATE:** April 15, or three and one-half months following fiscal year end

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

\_\_\_\_\_  
 Signature of licensee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of individual preparing return

\_\_\_\_\_  
 Date

Worksheet 1 - Adjusted Net Business Income		Individual	Partnership & S-Corporation	Corporation
Complete column that relates to your form of business				
1	Non-employee compensation recorded as "other income" on Federal Form 1040(attach 1040 & 1099)		N/A	N/A
2	Net profit or (loss) per Schedule C or C-EZ (attach 1040 and applicable schedule)		N/A	N/A
3	Net profit or (loss) per Schedule E (attach 1040 and applicable schedule)		N/A	N/A
4	Net profit or (loss) per Schedule F (attach 1040 and applicable schedule)		N/A	N/A
5	Ordinary gain or (loss) on the sale of property used in a trade or business or rental activity (attach 4797, pages 1 and 2)		N/A	N/A
6	Net income (loss) per Federal Form 1065 Schedule K - Analysis of net income (loss)	N/A		N/A
7	Ordinary income (loss) per Federal form 1120S (attach Form 1120S, pages 1 thru 5)	N/A		N/A
8	Taxable income per Form 1120 (attach Form 1120, pages 1 thru 5)	N/A	N/A	
9	Other business income (attach schedules)			
10	Total business income (add lines 1 through 9)			
<b>ITEMS NOT DEDUCTIBLE</b>				
11	State and local license taxes based on income (attach schedule)			
12	Foreign taxes from Schedule K of Form 1065 and 1120S	N/A		N/A
13	Pass through loss from another entity included on Federal Return	N/A		
14	Alcoholic Beverage Sales Deduction (see directions)			
15	Net operating loss deducted on Form 1120	N/A	N/A	
16	Expenses associated with income not subject to the license tax (attach schedule)			
17	Other (attach full explanation and schedule)			
18	Total items not deductible (add lines 11 thru 17)			
<b>ITEMS NOT SUBJECT</b>				
19	Pass through profit from another entity included on Federal Return	N/A		
20	Other (attach full explanation and schedule)			
21	Total items not subject (add Lines 19 and 20)			
22	Adjusted net business income (Line 10, plus Line 18, less Line 21). Enter on Section B, Line 1			

<b>COMPUTATION OF APPORTIONMENT PERCENTAGES</b>		Column A Amount in Calvert City	Column B Total Amount Everywhere	Column C Calvert City % (A divided by B)
23	Business Receipts Factor			
24	Payroll Factor (Use TOTAL GROSS Calvert City wages, not just taxable wages)			
25	Total Percentages (add Column C, lines 23 & 24)			
26	Average Allocation Percentage (Column C, line 25 divided by the number of percents used)			