

City of Maysville

GROSS RECEIPTS LICENSE FEE TAX RETURN

For Year Ended		
Month	Day	Year

Print Name & Address of Business _____

Is Business an(a):

Individual

Corporation

Partnership

Other _____

Account # _____

Social Security# or Federal ID # _____

Final Return (Check Only To Inactivate Account. Complete Question D) No Business Activity within Tax Jurisdiction

A) Business Telephone _____ B) Principal Business Activity _____

C) Principal Owner/Administrative Officer _____

D) If Business Activity was Discontinued within the Tax Jurisdiction during the Year, State When: _____

Dissolution Sale If by Sale, Give Name and Address of Successor _____

Other (Describe) _____

E) Is the Business Entity an Affiliate of a Consolidated Corporate Federal Return? No Yes (If Yes, See Instructions)

*******IMPORTANT*******

FILING STATUS (per Federal Return)

1) Worksheet I (Federal Schedule C, Schedule E, Schedule F, and (or) 1099-Misc)

2) Worksheet P (Federal Form 1065 and Form 8825 if Applicable)

3) Worksheet C (Federal Form 1120 or 1120A or Form 1120S and Form 8825, if Applicable)

FEE COMPUTATION

<p>DUE APRIL 15, 2010</p> <p>Or the 15th day of</p> <p>The 4th month</p> <p>Following the close of</p> <p>Business' Fiscal Year</p> <p>FY ended prior to 5/1/2010</p> <p>Remit to:</p> <p>City of Maysville</p> <p>216 Bridge St</p> <p>Maysville, KY 41056</p> <p>606-564-9419</p> <p>www.cityofmaysville.com</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1) "Taxable Gross Receipts" from Applicable Worksheet</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>2) Occupational License Fee (Line 1 X .075%) min \$75.00</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>3) TOTAL FEE DUE (Insert total of line #2)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>4) Less Estimated Payments or Credits</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>5) Balance Due</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>6) Add Penalty @ 5% per month, if applicable</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>7) Add Interest @ 1% per mth from Due Date, if applicable or portion thereof, not to exceed 25%: Minimum \$25</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>8) TOTAL AMOUNT DUE</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>9) Overpayment claimed (If Line 4 Exceeds Line 3)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> <p style="margin-left: 20px;"> <input type="checkbox"/> Refund <input type="checkbox"/> Credit to next year estimated payment </p>	1) "Taxable Gross Receipts" from Applicable Worksheet	\$		2) Occupational License Fee (Line 1 X .075%) min \$75.00	\$		3) TOTAL FEE DUE (Insert total of line #2)	\$		4) Less Estimated Payments or Credits	\$		5) Balance Due	\$		6) Add Penalty @ 5% per month, if applicable	\$		7) Add Interest @ 1% per mth from Due Date, if applicable or portion thereof, not to exceed 25%: Minimum \$25	\$		8) TOTAL AMOUNT DUE	\$		9) Overpayment claimed (If Line 4 Exceeds Line 3)	\$	
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RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

PREPARER'S SIGNATURE	DATE	OWNER'S SIGNATURE	DATE
PRINT NAME		PRINT NAME	TITLE