

YEAR ENDED		
Mo	Day	Year
FEDERAL ID OR SOCIAL SECURITY NUMBER		
CITY OF BEREA LICENSE NUMBER		

**CITY OF BEREA  
NET PROFITS LICENSE FEE RETURN**

Name and Address of Business \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach a Copy of  
Federal Return Form  
Used as a Basis of License Fee  
(Schedule A Line 1)

Please notify this office of any change in ownership, or name and address shown above. This return must be filed and paid in full on or before April 15, or within 105 days after close of fiscal year, sale, liquidation or transfer.

**QUESTIONS (ANSWER FULLY)**

- Nature of Business \_\_\_\_\_
- Date Business started in Berea \_\_\_\_\_
- If Organization was Discontinued, state when \_\_\_\_\_  
Dissolution \_\_\_\_ or Sale \_\_\_\_ . If by Sale, Name and Address of Successor: \_\_\_\_\_
- Did You have Employees in Berea During the Year? Yes \_\_\_ No \_\_\_
- Has Berea License Fee been Withheld from all Subject Employees and Remitted Quarterly in Accordance with the Regulations? Yes \_\_\_ No \_\_\_\_ . If answer is 'No' explain \_\_\_\_\_
- Check Which:  
Corporation \_\_\_\_ Partnership \_\_\_\_ Individual Owner \_\_\_\_  
Fiduciary \_\_\_\_ Other (specify) \_\_\_\_\_
- Basis on which this Return is Prepared: Cash \_\_\_\_ Accrual \_\_\_\_
- Have Federal Authorities Changed the Net Income as Originally Reported for Any Prior Year? Yes \_\_\_ No \_\_\_\_  
If Answer is 'Yes' Attach Schedule of Changes for Each Year.

**SCHEDULE A**

1. Total Gross Receipts per Federal Return, Form _____ (see instructions).....	\$ _____		
2. Total Business Deductions per Federal Return.....	_____		(Finance Use Only)
3. Net Business Income per Federal Return .....	_____		Rec'd _____
4. ADD items not deductible (Line G, Schedule B) .....	_____		Ck. No. _____
5. Total (Line 3 + Line 4).....	_____		Amount _____
6. DEDUCT items not subject (Line N, Schedule B) .....	_____		Posted _____
7. ADJUSTED NET BUSINESS INCOME (Line 5 less Line 6) .....	\$ _____		
8. If Schedule C (Line 4) is used enter here AVERAGE PERCENTAGE .....	_____	%	
9. NET PROFITS subject to City of Berea License Fee (Line 7 x Line 8).....	\$ _____		
10. City of Berea License Fee (2% of Line 9).....	_____		Make Check Payable To:
11. Interest - 1% Per Month or portion thereof .....	_____		CITY OF BEREA
12. Penalty - Late Filing or Late Payment 5% per month up to 25%, minimum \$25 .....	_____		Mail To:
13. Total (Lines 10 + 11 + 12) .....	\$ _____		212 Chestnut Street
14. Less Credits • Initial Estimate .....	_____		Berea, KY 40403
15. BALANCE DUE (If line 14 is less than line 13) PAY THIS AMOUNT .....	\$ _____		
16. CARRY FORWARD TO FUTURE YEAR (If line 13 is less than line 14) .....	\$ _____		
17. REFUND THIS AMOUNT (If line 13 is less than line 14).....	\$ _____		

**SCHEDULE B**

Note: Add and/or deduct only those items which are included in calculating net income per federal return.

ITEMS NOT DEDUCTIBLE • ADD		ITEMS NOT SUBJECT • DEDUCT	
A. State or Local taxes based on income .....	\$ _____	H. Interest on Corporate Bonds .....	\$ _____
B. License Fee under this Ordinance .....	_____	I. Interest on U.S. Government Securities.....	_____
C. Capital Gain .....	_____	J. Royalties on Patents, Copyrights .....	_____
D. Net Operating Loss Deduction.....	_____	K. Dividends .....	_____
E. Partners Salaries (attach schedule).....	_____	L. Capital Loss not allowed on Federal Return .....	_____
F. Other items (list) .....	_____	M. Other (attach schedule).....	_____
G. TOTAL ADDITIONS (enter on Line 4) .....	\$ _____	N. TOTAL DEDUCTIONS (enter on Line 6).....	\$ _____

**SCHEDULE C**

Business allocation percentage - divide Column A by Column B to obtain decimal. Carry out at least six (6) places.

ALLOCATION FACTORS (see instructions)	Column A Berea Factor	Column B Total Factor	Column C Percentage
1. Gross Business Receipts .....	_____	_____	_____ %
2. Total Wages, Salaries and Other Personnel Service.....	_____	_____	_____ %
3. TOTAL PERCENTS .....	_____	_____	_____ %
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents) (Enter on Line 8, Schedule A) .....	_____	_____	_____ %

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 Individual Preparing Return

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date