

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	_____		
4. ADD items not deductible (Line G, Schedule B)	_____		Rec'd _____
5. Total (Line 3 + Line 4).....	_____		Ck. No. _____
6. DEDUCT items not subject (Line N, Schedule B)	_____		Amount _____
7. ADJUSTED NET BUSINESS INCOME (Line 5 less Line 6)	\$ _____		Posted _____
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 (minimum \$25)	_____		Make Check Payable To:
11. Interest - 1% Per Month or portion thereof	_____		To:
12. Penalty - Late Filing or Late Payment 5% per month up to 25%, minimum \$25	_____		CITY OF BEREA
13. Total (Lines 10 + 11 + 12)	\$ _____		Mail To:
14. Less Credits • Initial Estimate	_____		212 Chestnut Street
15. BALANCE DUE (If line 14 is less than line 13) PAY THIS AMOUNT	\$ _____		Berea, KY 40403
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 Return Must Be Signed Signature of Taxpayer Date