CITY OF MCKEE TAX ADMINISTRATOR
NET PROFITS LICENSE FEE RETURN

me and Address of Business

ACCOUNT NO.

OFFICE HOURS:
8:00-4:30
MON - FRI

TELEPHONE
(606) 287-8305

CALENDAR/FISCAL YEAR ENDED		
MONTH	DAY	YEAR
12	31	2010
DUE DATE		
04	15	2011

Attach a copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)

Federal ID No.

'hone Number (606) -

NDICATE ANY NAME OR ADDRESS CHANGE ABOVE

UESTIONS (ANSWER IN FULL)

Nature of Business

Date Business Started in CITY OF MCKEE

If Business was Discontinued, State When

issolution ☐ or Sale ☐ If by sale, give Name and Address of successor

4. Did you have employees in CITY OF MCKEE? ☐ Yes ☐ No
5. Basis upon which tax return is prepared ☐ Cash ☐ Accrual
6. Business Type: ☐ C-Corp ☐ S-Corp ☐ Partnership ☐ Sole-Prop. ☐ Fiduciary ☐ Other (Specify)
7. Has the IRS changed the Net Income as originally reported for any prior year? ☐ No ☐ Yes (Attach Schedule of Changes for each year)

SCHEDULE A

FOR OFFICIAL USE ONLY

Rec'd

Ck. No.

Amount

Posted

By

Make checks payable and mail to:

CITY OF MCKEE TAX ADMINISTRATOR

PO BOX 455
MCKEE KY 40447
Phone Number (606) 287-8305

1. NET Business income per Federal Tax Return	
2. ADD Items not Deductible (Line F, Schedule B Below)	
3. TOTAL (Line1 Plus Line 2)	
4. DEDUCT Items not subject (Line J, Schedule B)	
5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4)	
6. If Sch. C (line4) is used enter here AVERAGE PERCENTAGE	
7. NET PROFITS subject to License Fee (Line 5 x Line 6	
8. Prior year adjustments	
9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE	
10. License Fee - 1.0000% of line 9	
11. Interest - 12.00 % per month or protion of month.	
12. Penalty - 5.00 % per month or protion of month.	
13. Total (Lines 10+11+12)	
14. Less Credits - ( ) ESTIMATE ( ) OTHER	
15. BALANCE DUE (Line 13 less Line 14) pay this amount	
16. If estimate overpaid Indicate ( ) Refund or ( ) Credit	

SCHEDULE B

NOTE: ADD ARE OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING INCOME PER FEDERAL RETURN

ITEMS NOT DEDUCTIBLE - ADD

A. State or Local taxes based on income
B. Capital Gain (50) subject
C. Net operating Loss Deduction
D. TOTAL ADDITIONS (enter on line 4)
E. TOTAL ADDITIONS (enter on line 4)
F. TOTAL ADDITIONS (enter on line 4)

ITEMS NOT SUBJECT - DEDUCT

G. Interest
H. Royalties on Patents, Copyrights
I. Dividends
J. Capital Loss (50% deductible)
K. Other (attach schedule)
L. TOTAL DEDUCTIONS (enter on line 6)

SCHEDULE C

Business Allocation percentage Divide (Col. B) to obtain decimal Carry out at least 6 places

ALLOCATON FACTORS

1. Total Gross Business Receipts (see reverse side)
2. Total Wages, Salaries and Other Personal Service Compensation Paid to Employee
3. TOTAL PERCENTS
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents) Enter of line 8

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed Title Date

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR

Received Time Nov. 26. 12:01PM

MCKEE Rev. 8/1/2007