

CITY OF HANSON KENTUCKY - NET PROFIT LICENSE FEE RETURN

Account Number	Fiscal Year End
Date Received	
Check Number	
Check Amount	

Section A

1. Circle Appropriate: Corporation, Partnership, Individual Owner, Fiduciary

2. Social Security and/or Federal ID Number (s) _____

3. Nature of Business _____

4. Did you have employees working in the City limits this year? Yes No

5. Have Federal Authorities changed the net income as originally reported for any prior years? Yes No

6. Business Phone _____ Home Phone _____

7. Business Date (s):
 Started _____
 Discontinued _____
 Successor _____

8. List additional businesses operated subject to Hanson License Fee.

Section B

*Enclose one copy of Federal Return & Applicable Schedules (See Instructions)

9. Total Gross Income per attached Return \$ _____

10. Total Deductions per attached Return _____

11. Net Income per attached Return _____

12. **Add** items not deductible (Line H, Section C) _____

13. Total (Line 11 plus Line 12) _____

14. **Deduct** Items Not Subjected (Line N, Section C) _____

15. Adjusted Net Income (Line 13 less Line 14) _____

16. If Section D (Line R) is used enter Average % _____ %

17. Net Profits subject to License Fee (Line 17X Line 16) _____

18. Hanson License Fee (Line 17X.015) _____

19. Credits-Minimum License Fee \$ _____

20. Balance (Line 18 less Line 19) _____

21. Interest 1% per month or portion of month _____

22. Penalty 5% per month or portion of month
 not to exceed 25% **Until Paid in Full**, \$25.00
 minimum (Penalty waived per approved City
 Extension date of _____)

23. Total Due (Line 20 plus Line 21 plus Line 22)
PAY THIS AMOUNT \$ _____

Make Check Payable & Mail to:
 City Clerk
 City of Hanson
 PO Box 337
 Hanson, Kentucky 42413

Section C

Items Not Deductible-Add		Items Not Subject - Deduct	
A. State or Local taxes	\$ _____	I. Interest Income	\$ _____
B. License Fee under this Ordinance	_____	J. Dividends	_____
C. Net loss from Capital Assets	_____	K. Net Gain from Capital Assets	_____
D. Ordinary Losses (Form 4797)	_____	L. Ordinary Gains (Form 4797)	_____
E. Net Operating Loss Deduction	_____	M. Other Items (Attach Schedule)	_____
F. Partners Salaries (Attach Schedule)	_____	N. Total Deductions (Enter on Line 14)	_____
G. Other Items (Attach Schedule)	_____		
H. Total Additions (Enter on Line 12)	_____		

Schedule D

Allocation Factors	Column A Hanson	Column B Everywhere	Column C Pct
O. Gross Income (If not applicable write N/A in Column C)			%
P. Total Wages & Salaries (If not applicable write N/A Col C)			%
Q. Total Percents (Line O plus Line P)			%
R. Average Percentage (Line Q divided by number of applicable percents)	Enter on line 16		

I hereby Certify the Statements Made Herein and In Any Supporting Schedules are True, Correct, and Complete to the Best of My Knowledge.

Return Must Be Signed

Signature of Individual Preparing Return Date Signature of Taxpayer Date

This return must be filed and paid in full within 105 days after close of fiscal year.