

CITY OF HARRODSBURG - LICENSE FEE DIVISION

NET PROFITS LICENSE FEE RETURN

Make Check and Remit To:

LICENSE FEE ADMINISTRATOR
City of Harrodsburg
208 South Main Street
Harrodsburg, Ky 40330
(859) 734-2225

Under Ordinance Chapter #70

FROM BUSINESS, PROFESSION, OR OTHER ACTIVITY WITHIN THE CITY OF HARRODSBURG,
CONDUCTED BY CORPORATIONS, PARTNERSHIPS, INDIVIDUALS AND FIDUCIARIES OF
ESTATES AND TRUSTS
(Resident or Non-Resident)

CALENDAR YEAR ENDED DECEMBER 31,
OR
FISCAL YEAR ENDING

MO	DAY	YR
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CASH	CHECK
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CUSTOMER NUMBER

CHANGE IF NOT CORRECTLY SHOWN

Give Trade Name, If Any

Nature of Business

QUESTIONS (ANSWER FULLY)

- Check Which: Corporation, Partnership, Individual Owner,
 Other (State) _____
- Date Business Started or Trust Created _____
- Check Whether this Return is Prepared on
Cash _____ or Accrual _____ Basis.
- If Organization was Discontinued, State Whether by Dissolution
_____ or Sale _____
If by Sale, Give Name and Address of Successor Organization

- Did you have any Employees in City of Harrodsburg in taxable year?
 Yes No

- Has City of Harrodsburg License Fee been withheld from All Subject
Employees and Remitted Quarterly in accordance with Regulations?
If Answer is "No" Yes No
Explain: _____
- Has Return of Information for Each Employee, as Per the Regulations,
Been Forwarded to the License Fee Div.? _____
(Yes or No)
- Show Name and Address of each place of Business operated Subject to
City of Harrodsburg License Fee and check if not included in this return.

_____	Not Included

- Did you pay a Business Privilege License for Previous Year? _____
(Yes or No)

COMPUTATION OF LICENSE FEE

- Net Profits Subject to License Fee (Enter Line 7, Schedule A, Page 2.)\$ _____
- City of Harrodsburg License Fee at 1.00%\$ _____
- Penalty 5.00% per month not to exceed 25.00%, however not less than \$25.00. A fraction of a month is considered an entire month\$ _____
- Interest 12.00% per annum on tax due. A fraction of a month is considered an entire month.\$ _____
- TOTAL (Items 2, 3, and 4)\$ _____
- Credit
Extension \$ _____ Prior Year \$ _____ Total Credit\$ _____
- Balance Due on Net Profit (Items 5 Minus Items 6)\$ _____
- Balance Due on Employees\$ _____
- Total (Items 7 plus Items 8)\$ _____

ATTACH SUPPORTING TAX FORMS

Prepared By

CERTIFIED

I HEREBY CERTIFY that the statements made herein and in any supporting schedule or exhibit are true, correct, and complete.

(Signature of License Fee Payer) _____ Date _____

This return must be filed with full payment of the fee on or before April 15, after close of calendar year, or within 105 days from the close of your fiscal year, with City of Harrodsburg, Kentucky 40330. Make all checks payable to: Administrator.

