E OL-S Single Tax District	Kentucky Local Standard Occupational License Fee Return	Do Not Staple. Print or Copy Single Side On	y. For Year Ending
Tax District Name (See instr 			
Taxpayer Name	Image:	Department Use Only—Do not write of filing :	Filing Status: Status Change? YES NO Individual Resident Individual Non-Resident Corporation Partnership S Corp Other No Activity Amended Fed ID Change (Complete Line F) Final (Complete Line G) Name Change Address Change
	tivity yees during the past year? es who worked in this locality	YES	NAICS Code:
other than an emplo	ents in the sum of \$600.00 or more for services rendered in this locality to any in yee? If "YES", submit copy of 1099s to local tax district. idated C - Corporation federal return? If "YES", see instructions. , did IRS change or propose to change net income reported for that year or	YES	NO
any prior year? if "Y Which year(s)?	d, list the name of new entity :		Ownership Change Date:
List successor if sold:	eason for discontinuance : : strative Officer's Name, Address, and Social Security Number:		Discontinuance Date:
Address 2			SSN:

Taxpayer Name		
Tax District Name		
Tax District Account Number	For Year Ending	
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Secti	on 1: Occupational License Fee Calculation	
1	Enter Adjusted Gross Receipts from Schedule G or Adjusted Net Profit from Schedule N	\$.00
2	Enter apportionment percentage or 100% from page 3, Section 2, Line 4.	
3	Enter Taxable Gross Receipts or Net Profit (Line 1 X Line 2)	\$.00
4	License Fee (Line 3) X tax rate of % (See Instructions)	\$.00
5	If tax district has a minimum tax, enter here. (See Instructions)	\$.00
6	If tax district has a maximum tax, enter here. (See Instructions)	\$.00
7	Sub Total Amount: a. If the tax district does not have a minimum or maximum tax, enter value from line 4. b. If line 4 is less than 5, enter line 5 here. c. If line 6 is greater than zero and line 4 is greater than line 6, enter line 6 here.	\$.00
8	Enter Non-Refundable Credits. (See Instructions for those specific districts, e.g. Laurel County)	\$.00
9	Subtotal: Subtract line 8 from line 7. Cannot be less than zero.	\$.00
10	If applicable enter Line 6 from Schedule W.	\$.00
11	Subtotal: Add Line 9 and Line 10.	\$.00
12	Enter estimated payments and/or prior year credits.	\$.00
13	Occupational License Fee Due. (Subtract line 12 from line 11)	\$.00
14	Penalties - If applicable. (See Instructions)	\$.00
15	Interest - If applicable. (See Instructions)	\$.00
16	Additional fees due:	\$.00
<u>STO</u>	Additional fees may apply per local tax district. See instructions for additional tax district amounts due, such as next year minimum, privilege taxes, or regulatory fees	
17	Total Amount Due. Add lines 13, 14, 15, and 16 (See above)	\$.00
18	Overpayment. If Line 17 is less than zero enter application of overpayment here.	Credit to next year: \$00 Refund: \$00

Taxpayer Name		
Tax District Name	For Year Ending	
	/ / 20	Department Use Only—Do not write or staple in this space.

Section 2: Apportionment Factors

Calculation of Apportionment Percentage - A taxpayer whose business activities were conducted in more than one tax district must complete this section.

or ions)	1a Sales/Gross Receipts within the Tax District	\$.00
Sales Factor (See Instructions)	1b Total Sales/Gross Receipts everywhere	\$.00
Sa (See	1c Divide Line 1a by Line 1b	%
ctor tions)	2a Payroll within the Tax District	\$.00
Payroll Factor (See Instructions)	2b Total Payroll everywhere	\$.00
Pay (See	2c Divide Line 2a by Line 2b	%
	3 Total Percentages (add line 1c + 2c)	%
	 Apportionment Percentage - If both Lines 1(b) and 2(b) are greater than zero, divide entry on Line 3 by 2. Enter here. If either Line 1(b) or Line 2(b) is zero, enter the amount from Line 3 here. EXAMPLE: "22.12345%" 	%

Section 3:

Signature (return must be signed)

I hereby certify that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge under penalty of perjury.

Print Name PREPARER	Print Name TAXPAYER
Preparer's Signature	Taxpayer's Signature
Firm Name	
TIN Date: / / 20	SSN Date: / / 20
Address	Address
City State Zip Code	City State Zip Code
Phone Number	Phone Number
	Do you want to allow your tax preparer to discuss this YES NO return with the tax district agency?

You must attach all applicable federal returns and schedules.

Taxpayer Name		
Tax District Name		
Tax District Account Number	For Year Ending	Department Use Only—Do not write or staple in this space.

Schedule N:

Calculation of Adjusted Net Profit

* Note: Some tax districts do not allow multiple individual schedules on the same worksheet. (See Instructions). Applies to lines 1-6.

1 *	f an Individual , enter non-employee compensation as reported on Form 1099-MISC and reported as other income on Federal Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
2 *	f an Individual , enter net profit or (loss) from Federal Schedule C of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
3 _}	f an Individual , enter capital gain from Federal Form 4797 or Form 6252 from the sale of property used in a trade or business reported on Schedule D on Form 1040 (Attach Federal Schedules)	\$.00
4 ^{>}	If an Individual, enter rental income or (loss) from Federal Schedule E of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
* 5	If an Individual, enter farm net profit or (loss) from Federal Schedule F of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
6 ¥	If an Individual , enter ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Form 4797 and applicable schedules)	\$.00
7	If a Partnership , enter ordinary income or (loss) from Federal Form 1065 (Attach Form 1065 and applicable schedules)	\$.00
8	lf a Corporation , enter taxable income or (loss) from Federal Form 1120 or ordinary income or (loss) per Federal Form 1120S (Attach applicable Federal Schedules)	\$.00
9	State income taxes and occupational license fees deducted on the Federal Schedules C, E or F, or Federal Form 1065, 1120 or 1120S	\$.00
10	If a Partnership or S Corporation , enter additions from Schedules K on Form 1065 or Form 1120S	\$.00
11	If a Corporation , enter net operating loss deducted on Form 1120	\$.00
12	Total Income. Add Line 1 through Line 11. (* See Note Above)	\$.00
13	If a Partnership or S Corporation , enter subtractions from Schedule K of Form 1065 or Form 1120S	\$.00
14	Alcoholic Beverage Sales Deduction (Line 5 from Schedule A)	\$.00
15	Other Adjustments - Attach Schedule (See Instructions)	\$.00
16	Total Deductions. Add Line 13 through Line 15	\$.00
17	Adjusted Net Profit. Subtract Line 16 from Line 12. Enter here and on Page 2, Line 1	\$.00

Taxpayer Name		
Tax District Name		
Tax District Account Number	For Year Ending	Department Use Only—Do not write or staple in this space.

Schedule G:

Calculation of Adjusted Gross Receipts

* Note: Some tax districts do not allow multiple individual schedules on the same worksheet. (See Instructions). Applies to lines 1-5.

1	If an Individual, enter non-employee compensation as reported on Form 1099-MISC and reported as other income on Federal Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
2	If an Individual , enter gross receipts from Federal Schedule C of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
3	X If an Individual, enter capital gain from Federal Form 4797, Form 6252, and/or Schedule D for property used in a trade or business. (Attach Federal Schedules)	\$.00
4	If an Individual, enter rental gross receipts from Federal Schedule E of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
5	If an Individual, enter farm gross receipts from Federal Schedule F of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00
6	If a Partnership , enter gross receipts from Federal Form 1065 (Attach Form 1065 and applicable schedules)	\$.00
7	If a Corporation , enter gross receipts from Federal Form 1120 per Federal Form 1120S (Attach 1120 or 1120S and applicable Federal Schedules)	\$.00
8	If a Corporation , enter gross receipts from "Gross Rents" from Federal Form 1120 (Attach Federal Form 1120)	\$.00
9	Gross Receipts from rental activity of a Partnership or S Corporation (Attach Federal Form 8825 and other applicable schedules)	\$.00
10	Total Gross Receipts. Add Line 1 through Line 9	\$
11	Gross Alcoholic Beverage Sales within the Tax District	\$.00
12	Sales Tax and Excise Tax included in Gross Receipts	\$.00
13	Returns and Allowances Deduction	\$.00
14	Total Deductions Add Lines 11 through Line 13	\$.00
15	Adjusted Gross Receipts. Subtract Line 14 from Line 10. Enter here and on Page 2, Line 1.	\$.00

Taxpayer Name Tax District Name Tax District Account Number	For Year Ending	
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Schedule A:		Calculation of Alcoholic Beverage Deduction (for use by Schedule N filers)			
1	Kentucky Alcohol beverage sa	les		\$	
2	Total sales			\$.00	
3	Alcoholic Beverage percentag	e: Line 1 divided by Line 2		%	
4	Adjusted Net Profit before Alc Line 12 minus the sum of Line	oholic Beverage Deduction 13 and Line 15 from Schedule N.	This deduction may be taken only if the business had a profit	\$.00	
5	Alcoholic Beverage Deductior Multiply Line 3 by Line 4. Ente			\$.00	

Sch	redule W: Calculation of Gross Salaries, Wages, Tips, etc.	(For Individual Filers Only)
1	Gross salaries, wages, tips, etc. reported on the Federal Form W-2 from which no occupational taxes were withheld, plus deferred compensation from 401 (k), 403 (b), or 457 plans.	\$.00
2	Related employee business expenses per Federal Form 2106 (Attach Form W-2 and Form 2106 unless already provided)	\$.00
3	Line 1 minus Line 2	\$.00
4	Total Days Worked in Locality / Total Days Worked Everywhere	%
5	Multiply Line 3 by Line 4	\$.00
6	Multiply Line 5 by tax rate of (See Instructions) Enter on Line 10 Section 1	. \$