occupational Electise i ee netarii	REV_V3.0.2.54_02112016
Tax District Name 1 (See instructions)	
Tax District Name 2 (See instructions)	
Tax District Address	
	Department Use Only—Do not write or staple in this space.
Taxpayer Name	Filing Status:
	Filing Status Change? YES NO
Address	Individual Resident
Address 2	Individual Non-Resident
City State Zip Code	Corporation Fartnership
Suc Special	Individual Resident Individual Non-Resident Corporation Partnership S Corp Other
	Other
	Amended
Tax District Account Number	Amended Amended Fed ID Change (Complete Line F) Name Change Address Change Final (Complete Line G)
Fed ID SSN	Accrual Cash
	Final (Complete Line G)
A Principal business activity	NAICS Code:
B Did you have employees for Tax District 1 during the past year?	YES NO
Did you have employees for Tax District 2 during the past year?	YES NO
C Did you make payments in the sum of \$600.00 or more for services rendered in either locality to any other than an employee? If "YES", submit copy of 1099s to local tax district.	individual YES NO
D Did you file a consolidated C. Corporation foderal return? If "VES" con instructions	YES NO
Did you file a consolidated C - Corporation federal return? If "YES", see instructions.	
E During the past year, did IRS change or propose to change net income reported for that year or any prior year? If "YES" see instructions	YES NO
Which year(s)?	
Tiller year.g.	
F If Fed ID change, list the name of new entity :	Ownership Change Date:
	/ / 20
G If final return, state reason for discontinuance :	Discontinuance Date:
List successor if sold:	/ / 20
H List Principal Administrative Officer's Name, Address, and Social Security Number:	
Name	SSN:
Address	
Address 2	
City State Zip Code	

Taxpa	yer Name		
Accou	nt Number For Year Ending / / / 20	Department Use Only—	–Do not write or staple in this space.
Section	on 1: Occupational License Fee Calculation	TAX DISTRICT 1	TAX DISTRICT 2
	·	No Activity	No Activity
1	Enter Adjusted Gross Receipts from Schedule G or Adjusted Net Profit from Schedule N	\$.00	\$.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	\$.00
4	License Fee for District 1 License Fee for District 2 (Line 3) X tax rate of % (See local Instructions)	.00	\$.00
5	If tax district has a minimum tax, enter here. (See local Instructions)	\$.00	\$.00
6	If tax district has a maximum tax, enter here. (See local Instructions)	.00	\$.00
7	a. If the tax district does not have a 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	\$.00	\$.00
8	Line 6, enter Line 6 here. Enter Non-Refundable Credits. (See Instructions for those specific district, e.g. Laurel County)	\$.00	\$.00
9	Subtotal: Subtract line 8 from line 7. Cannot be less than zero.	\$.00	\$.00
10	If applicable enter Line 6 from Schedule W.	\$.00	\$.00
11	Subtotal: Add Line 9 and Line 10.	\$.00	\$.00
12	Enter estimated payments and/or prior year credits.	\$.00	.00
13	Occupational License Fee Due. (Subtract line 12 from line 11)	\$.00	\$.00
14	Penalties - If applicable. (See local Instructions)	\$.00	\$.00
15	Interest - If applicable. (See local Instructions)	\$.00	\$.00
16	Additional fees due:	\$.00	\$.00
STOP	See local instructions for additional 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 local instructions)	\$.00	5 .00
18	Overpayment. If Line 17 is less than zero enter application of overpayment here.	Credit to next year: \$.00 Refund: \$.00	Credit to next year: \$.00 Refund: \$.00

Account Number For Year Ending /	Taxpayer Name	
	Account Number	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.

		TAX DISTRICT 1	TAX DISTRICT 2
or ons)	1a Sales/Gross Receipts within the Tax District	\$.00 \$.00
Sales Factor (See Instructions)	1b Total Sales/Gross Receipts everywhere	\$.00 \$.00
Sa (See	1c Divide Line 1a by Line 1b		% . %
ctor tions)	2a Payroll within the Tax District	\$.00 \$.00
Payroll Factor (See Instructions)	2b Total Payroll everywhere	\$.00 \$.00
Pay (See	2c Divide Line 2a by Line 2b		% %
	3 Total Percentages (add line 1c + 2c)		% %
	4 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		Print Name		
Preparer's Signature		Taxpayer's Signature		
Firm Name		Title		
TIN	Date: / / 20	SSN		Date: / / 20
Address		Address		
City	re Zip Code -	City	State	Zip Code -
Phone Number		Phone Number		

You must attach all applicable federal returns and schedules.

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

Schedule N: Calculation of Adjusted Net Profit

		TAVE	TAV DISTRICT 2	
* I	Some Tax Districts do not allow multiple individual schedules Note: on the same worksheet. (See Instructions). Applies to lines 1-6.	TAX D	DISTRICT 1	TAX DISTRICT 2
	Enter amounts in both column if applicable.			
	If an Individual , enter non-employee compensation as reported on Form			
1*	1099-MISC and reported as other income on Federal Form 1040 (Attach Form 1040 and applicable schedules)	\$.00 \$.00
2 *	If an Individual , enter net profit or (loss) from Federal Schedule C of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00 \$.00
3 X	If an Individual , enter capital gain from Federal Form 4797 or Form 6252 reported on Schedule D on Form 1040 (Attach Federal Schedules)	\$.00 \$.00
4 X	If an Individual , enter rental income or (loss) from Federal Schedule E of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00 \$.00
5 X	If an Individual , enter farm net profit or (loss) from Federal Schedule F of Form 1040 (Attach Form 1040 and applicable schedules)	\$.00 \$.00
6 X	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 \$.00
7	If a Partnership , enter ordinary income or (loss) from Federal Form 1065 (Attach Form 1065 and applicable schedules)	\$.00 \$.00
8	If 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 \$.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 \$.00
10	If a Partnership or S Corporation , enter additions from Schedules K on Form 1065 or Form 1120S	\$.00 \$.00
11	If a Corporation , enter net operating loss deducted on Form 1120	\$.00 \$.00
12	Total Income. Add Line 1 through Line 11. (*See Note Above)	\$.00 \$.00
13	If a Partnership or S Corporation , enter subtractions from Schedule K of Form 1065 or Form 1120S	\$.00 \$.00
14	Alcoholic Beverage Sales Deduction (Line 5 from Schedule A)	\$.00 \$.00
15	Other Adjustments - Attach Schedule (See Instructions)	\$.00 \$.00
16	Total Deductions. Add Line 13 through Line 15	\$.00 \$.00
17	Adjusted Net Profit. Subtract Line 16 from Line 12. Enter here and on Page 2, Line 1	\$.00 \$.00

Taxpayer Name		
Account Number	For Year Ending	Department Use Only—Do not write or staple in this space.
Schedule G:	Calculation of Adjusted Gross Receipt	•

* Note: Some Tax Districts do not allow multiple individual schedules TAX DISTRICT 1 TAX DISTRICT 2 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 .00 \$ Ś .00 (Attach Form 1040 and applicable schedules) $\mathbf{2}$ * If an **Individual**, enter gross receipts from Federal Schedule C of Form .00 |\$ Ś 1040 (Attach Form 1040 and applicable schedules) .00 3* If an Individual, enter capital gain from Federal Form 4797 or Form 6252 Ś .00 \$ reported on Schedule D on Form1040 (Attach Federal Schedules) .00 **4** ★ If an **Individual**, enter rental gross receipts from Federal Schedule E of Form .00 |\$ \$.00 1040 (**Attach** Form 1040 and applicable schedules) **5** * If an **Individual**, enter farm gross receipts from Federal Schedule F of Form Ś .00 \$.00 1040 (Attach Form 1040 and applicable schedules) If a **Partnership**, enter gross receipts from Federal Form 1065 \$.00 \$.00 (Attach Form 1065 and applicable schedules) If a **Corporation**, enter gross receipts from Federal Form 1120 per Federal 7 \$.00 \$.00 Form 1120S (Attach 1120 or 1120S and applicable Federal Schedules) If a Corporation, enter gross receipts from "Gross Rents" from Fed. Form 1120 8 .00 |\$ \$.00 (Attach Federal Form 1120) Gross Receipts from rental activity of a Partnership or S Corporation .00 \$ \$.00 (Attach Federal Form 8825) 10 Total Gross Receipts. Add Line 1 through Line 9 \$.00 |\$.00 11 Gross Alcoholic Beverage Sales within the Tax District \$.00 .00 Ś 12 Sales Tax and Excise Tax included in Gross Receipts .00 .00 13 Returns and Allowances Deduction \$.00 .00 14 Total Deductions Add Lines 11 through Line 13 \$.00 .00 15 Adjusted Gross Receipts. Subtract Line 14 from Line 10. \$.00 \$ Enter here and on Page 2, Line 1. .00

Taxpayer Name		
Account Number	For Year Ending	
	/ / 20	
		Department Use Only—Do not write or staple in this space.
Schodulo A:	Calculation of Alcahalia Bayers no Do	dustion (formed by Calcadula Nifilana)

Calculation of Alcoholic Beverage Deduction (for use by Schedule N filers)				
	TAX DISTRICT 1	TAX DISTRICT 2		
Total Kentucky Alcoholic beverage sales	\$.00 \$.00		
2 Total sales	\$.00 \$.00.		
3 Alcoholic beverage percentage: Line 1 divided by Line 2	. %	. %		
4 Adjusted Gross Receipts before Alcoholic Beverage Deduction (Line 12 minus the sum of Line 13 and Line 15 from Schedule N. See 💥 note).	\$.00 \$.00.		
5 Alcoholic Beverage Deduction Multiply Line 3 by Line 4. Enter Schedule N Line 14.	\$.00 \$.00		

 \bigstar Note: This deduction may be taken only if the business had a profit.

		TAX DISTRICT 1		TAX DISTRICT 2		
1	Gross salaries, wages, tips, etc. reported on the Federal Form W-2 from which no occupational taxes were withheld , plus deferred compensations from 401 (k), 403 (b), or 457 plans.	\$.00	\$.00	
2	Related employee business expenses per Federal Form 2106 (Attach Form W-2 and Form 2106 unless already provided)	\$.00	\$.00	
3	Line 1 minus Line 2	\$.00	\$.00	
4	Enter percentage of wages earned in the tax districts	Total Days Worked in Locality	Total Days Worked Everywhere	Total Days Worked in Locality	Total Days Worked Everywhere	
	Enter percentage of mages carried in the tax districts		%		. 90	
5	Multiply Line 3 by Line 4	\$.00	\$.00	
		Multiply Line 5 X tax rate of (See Instructions) Enter	% on Line 10 Section 1.	Multiply Line 5 X tax rate of (See Instructions) Ente	% or on Line 10 Section 1.	
6	Tax Due:	\$.00	\$.00.	