

Russell County Tax Administration  
 PO Box 7  
 Jamestown, KY 42629

Phone: (270) 343-1404  
 Fax: (270) 343-6270  
 bgarner@russellicountyky.gov

Russell County Tax Administration  
 NET PROFIT LICENSE FEE RETURN

Account No. \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

<b>FOR YEAR ENDED</b>
<b>DUE DATE</b>
15th day of the fourth month following close of the year.
<b>SECURITY No.</b>
XXXXXXXX6939

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

TRADE NAME, if any: \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

ATTACH A COPY OF THE  
 APPLICABLE FEDERAL  
 RETURN OR SCHEDULE:

FED. SCH. C or E (1040)  
 FED. 1041, 1065 or 1120

Please note: Federal return  
 should include Cost of Goods  
 Sold Schedule and/or Other  
 Schedule

ALL 1099 FORMS  
 ISSUED MUST BE  
 ATTACHED.

1.	Net Profit/Income per attached Federal Return	
2.	Russell County Percentage (From Schedule A)	
3.	License Fee Due (1%( maximum of \$4,000 annually))	
4.	Any prior debit/credit balance	
5.	Balance Due.	
6.	Penalty (5% per calendar month, not to exceed 25% of the total due, \$25 minimum)	
7.	Interest (12% per annum simple interest)	
8.	Total Amount Due (add Lines 5, 6, 7)	

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

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

FOR INTERNAL USE ONLY

Reconciled By: \_\_\_\_\_

Date: \_\_\_\_\_

SCHEDULE A

COMPUTATION OF PERCENTAGE OF NET PROFITS SUBJECT TO LICENSE FEE			
ALLOCATION FACTOR	(A) Russell County Tax Administration FACTOR	(B) TOTAL EVERYWHERE	(C) Russell County Tax Administration PERCENTAGE
1. Gross Sales or Receipts			