

(OFFICE USE ONLY)
ACCT. NO.
VERIFIED BY
INT. & PEN. VERIFIED BY
AUDITED BY
PREPARED BY
(Date & Initial Each Entry)

NET PROFITS LICENSE FEE RETURN

Under Ordinance 2005-0106

FROM BUSINESS, PROFESSION, OR OTHER ACTIVITY WITHIN THE CITY OF SHELBYVILLE 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.

(OFFICE USE ONLY)	
CASH	CHECK

(PRINT NAME AND ADDRESS ABOVE - CHANGE IF NOT CORRECTLY SHOWN)

Give Trade Name, If Any

___ FOLD

Nature of Business

COMPUTATION OF LICENSE FEE

1. Net Profits Subject to License Fee (Enter Line 7, Schedule A, Page 2.)	-----	\$	
2. City of Shelbyville License Fee @ 1 % (Minimum \$75.00 -- Maximum \$7,500.00)	-----		
3. Penalty: 10% after due date	-----		
4. Interest. 1 % Per Month	-----	\$	
5. TOTAL (Items 2, 3, and 4)	-----		
6. Less Credits	Minimum \$	Reserve \$	Initial
			Total Credit
7. Balance Due (Items 5 Minus Items 6)	-----	\$	

QUESTIONS (ANSWER FULLY)

- Check Which: Corporation; Partnership, Individual
Owner Fiduciary Other (State) _____
- Date Business Started or Trust Created _____
- Did you pay A Business Privilege License for Previous Year? _____
(Yes or No)
- 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 Shelbyville in taxable year?
Yes No

- Has Shelbyville License Fee been withheld from All Subject Employees and Remitted Quarterly in accordance with Regulations?
Yes No
If Answer is "No"
Explain: _____
 - Has Return of Information for Each Employee, as Per the Regulations, Been forwarded to the License Fee Div.? _____
(Yes or No)
 - Check Whether this Return is Prepared on _____
Cash _____ or Accrual _____ Basis.
 - Show Name & Address of each place of Business operated subject to License Fee and check if not included in this return.
- | | |
|--|--------------|
| | Not Included |
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Prepared By

CERTIFICATE

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 _____ 20 _____

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 the City of Shelbyville, Kentucky 40065. Make all checks payable to:

City of Shelbyville
P.O. Box 1289
Shelbyville, KY 40066-3289

