

**Carter County Fiscal Court
300 West Main Street
Room 220
Grayson, KY 41143**

**Carter County Fiscal Court
NET PROFIT LICENSE FEE RETURN**

Account No. _____

BUSINESS NAME

FOR YEAR ENDED
DUE DATE
15th day of the fourth month following close of the year.
Federal ID or Social Security No.

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.	Add: Items Not Deductible (Line 4, Schedule A)	
3.	Adjusted Net Profit (Line 1 plus Line 2)	
4.	Carter County Percentage (From Schedule B)	
5.	License Fee Due (1% of Line 4)	
6.	Annual Business License Fee	
7.	Enter the larger of Line 5 or Line 6	
8.	Total Estimated Payments (including annual business license fee) and Prior Credits	
9.	Refund or Credit. If Line 8 is greater than Line 7, enter the difference. (Circle Refund or Credit)	
10.	Balance Due. If Line 7 is greater than Line 8, enter the difference	
11.	Penalty ()	
12.	Interest ()	
13.	Total Amount Due (add Lines 11, 12, and 13)	

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

Authorized Signature: _____ Title: _____ Date: _____

FOR INTERNAL USE ONLY

Reconciled By: _____ Date: _____

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Account No. Federal ID/SSN Business Name

SCHEDULE A

ITEMS NOT DEDUCTIBLE		
1.	Taxes based on income	
2.	Carter County Fiscal Court license fees	
3.	Net operating-loss deduction	
4.	Total not deductible	

SCHEDULE B

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