





# KNOX COUNTY FEE ADMINISTRATOR NET PROFITS LICENSE FEE RETURN



Name and Address of Business            Phone Number <input type="text"/> INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO. <input type="text"/>	CALENDAR/FISCAL YEAR ENDED		
	OFFICE HOURS: 8:00 am - 4:00 pm MON - FRI  TELEPHONE <b>(606) 546-8915</b>	MONTH	DAY	YEAR
		12	31	2016
		DUE DATE		
	04	15	2017	
	Attach copy of Federal Tax Return used as a basis of License Fee (Schedule A-Line 1)			
	Federal ID No. <input type="text"/>			
<b>QUESTIONS (ANSWER IN FULL)</b>	4. Did you have employees in Knox County?    ** Yes    ** No			
1. Nature of Business _____	5. Basis upon which tax return is prepared    ** Cash    ** Accrual			
2. Date Business Started in Knox County _____	6. Business Type:    ** C-Corp    ** S-Corp    ** Partnership    ** Sole-Prop.			
3. If Business was Discontinued, State When _____	** Fiduciary    ** Other (Specify) _____			
Dissolution **    or Sale **    If by sale, give Name and Address of successor	7. Has the IRS changed the Net Income as originally reported for any prior year?    ** No    ** Yes (Attach Schedule of Changes for each year)			

## SCHEDULE A

<b>FOR OFFICIAL USE ONLY</b>  Rec'd _____ Ck. No. _____ Amount _____ Posted _____ By _____	1. NET Business income per Federal Tax Return		
	2. ADD Items not Deductible		
	3. TOTAL (Line1 Plus Line 2)		
	4. DEDUCT Items not subject		
	5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4)		
	6. If Sch. B (line4) is used enter here AVERAGE PERCENTAGE		
7. NET PROFITS subject to License Fee (Line 5 x Line 6)			
8. Prior year adjustments			
9. ADJUSTED NET PROFITS (Line 7 less Line 8) If less than "0" enter "NONE"			
10. License Fee - <b>1.0000%</b> of line 9			
11. Interest - <b>12.00 %</b> per annum.			
12. Penalty - <b>5% per month or portion up to 25% min \$25.00</b>			
13. Total (Lines 10+11+12)			
14. Less Credits - ( ) ESTIMATE ( ) OTHER			
15. BALANCE DUE (Line 13 less Line 14) pay this amount			
16. If estimate overpaid Indicate ( ) Refund or ( ) Credit			
<b>Make checks payable and mail to:</b> <b>KNOX COUNTY FEE ADMINISTRATOR</b>  PO BOX 177 BARBOURVILLE KY 40906 Phone Number (606) 546-8915 			

## SCHEDULE B

Business Allocation percentage-Divide (Col. B) to obtain decimal Carry out at least 6 places.

ALLOCATION FACTORS	Knox County	Total	Knox Co. / Total
1. Total Gross Business Receipts			
2. Total Wages, Salaries and Other Personal Service			
3. TOTAL PERCENTS .....			
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents)..... Enter on line 6			

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR

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SCNP-A Rev. 10/01/2005

**You must attach a copy of your Federal Return as applicable per KRS-67.768 (2)**

