

# ROCKCASTLE COUNTY, KENTUCKY NET PROFIT LICENSE FEE RETURN

FIRST TIME FILER

ADDRESS CORRECTION

FINAL RETURN Business closed, all taxes are paid,  
No future activity is planned

ACCOUNT #

FED ID #

YEAR ENDED

MONTH	DAY	YEAR

## SECTION A

1. NET PROFIT PER ATTACHED RETURN (SEE INSTRUCTIONS) \_\_\_\_\_
2. ADD ITEMS NOT DEDUCTIBLE (LIST) \_\_\_\_\_  
\_\_\_\_\_
3. DEDUCT ITEMS NOT SUBJECT (LIST) \_\_\_\_\_  
\_\_\_\_\_
4. TOTAL (LINE #1 PLUS LINE #2 LESS LINE #3) \_\_\_\_\_
5. SECTION B LINE D, OR 100% \_\_\_\_\_ %
6. ROCKCASTLE CO NET PROFIT (LINE #4 X LINE #5) \_\_\_\_\_
7. ROCKCASTLE CO LICENSE FEE (LINE #6 X 1.50%) \_\_\_\_\_
8. ESTIMATED PAYMENTS/CREDITS \_\_\_\_\_
9. BALANCE (LINE #7 LESS LINE #8) \_\_\_\_\_
10. PENALTY -  EXTENSION FILED 5% PER MONTH 25% MAX \$25 MIN \_\_\_\_\_
11. INTEREST - 1% PER MONTH \_\_\_\_\_
12. BALANCE DUE **PAY THIS AMOUNT** (LINE #9 PLUS LINE #10 PLUS LINE #11) \_\_\_\_\_
13. OVERPAYMENT (LINE #9) \_\_\_\_\_  
 REFUND       APPLY TO NEXT YEAR

MAKE CHECKS PAYABLE  
& MAIL TO  
TAX ADMINISTRATOR  
ROCKCASTLE COUNTY TAX ADMINISTRATOR  
PO BOX 1810  
MOUNT VERNON KY 40456  
PHONE (606) 256-8374  
FAX (606) 256-7299

E-MAIL rockocctax@windstream.net

**A FEE OF \$25.00 WILL BE CHARGED FOR RETURNED CHECKS.**

## SECTION B

**BUSINESS ALLOCATON PERCENTAGE FACTORS (ROUNDED TO NEAREST HUNDRETH)**

	COL. A ROCKCASTLE	COL. B TOTAL	Column C COL.A/COL.B
A. GROSS INCOME..... (IF NOT APPLICABLE WRITE N/A IN COLUMN C)	\$ _____	\$ _____	_____ %
B. Total Wages, Salaries and Other Personal Service (IF NOT APPLICABLE WRITE N/A IN COLUMN C)	\$ _____	\$ _____	_____ %
C. TOTAL PERCENTS (LINE A PLUS LINE B) .....			_____ %
D. AVERAGE PERCENTAGE (LINE C DIVIDED BY NUMBER OF APPLICABLE PERCENTS IF ONLY ONE OF THE FACTORS ON LINE A & B, ENTER % FROM LINE C HERE. ENTER ON LINE #5.....			_____ %

**I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
SIGNATURE OF TAXPAYEF

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PREPARER INFORMATION

\_\_\_\_\_  
DATE

**YOU MUST ATTACH A COMPLETE COPY INCLUDING ALL ATTACHMENTS OF YOUR FEDERAL SCHEDULE OR RETURN. (SEE INSTRUCTIONS).**

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