

Perry County Occupational
License Office
481 Main Street
Suite 202

Perry County Occupational License Office
NET PROFIT LICENSE FEE RETURN

Account No. _____

BUSINESS NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

TRADE NAME, if any: _____

NATURE OF BUSINESS _____

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

1.	Net Profit/Income per attached Federal Return	
2.	Perry County Percentage (From Schedule A)	
3.	Net Profit/Income within Perry County (Line 1 x Line 2)	
4.	License Fee Due (1.0% of Line 3)	
5.	Annual Business License Fee <i>No Charge</i>	
6.	Enter the larger of Line 4 or Line 5	
7.	Total Estimated Payments (including annual business license fee) and applicable credits due	
8.	Total or Credit Due (Line 6 minus Line 7)	
9.	Penalty (5% per month, not to exceed 25%. Minimum \$25)	
10.	Interest (12% per annum)	
11.	Total Amount Due (add Lines 8, 9, and 10)	

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.

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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NET PROFIT LICENSE FEE RETURN

Account No. Federal ID/SSN Business Name

SCHEDULE A

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