

Perry County Occupational  
License Office  
481 Main Street Suite 202  
Hazard, KY 41701

Perry County Occupational License Office  
NET PROFIT LICENSE FEE RETURN

Account No. \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

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

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.	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	
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)	

*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: \_\_\_\_\_