KNOX COUNTY FEE ADMINISTRATOR NET PROFITS LICENSE FEE RETURN

				All and	1.100	
Name and Address of Business		ACCOUNT NO.	CALENDA	R/FISCAL YE	AR ENDED	
			MONTH	DAY	YEAR	
			12	31		
		OFFICE HOURS: 8:00 am - 4:00 pm				
			DUE DATE			
		MON - FRI	04	15		
hlullinddallaallaadl		TELEPHONE	Attach copy of Federal Tax Return used as			
	_	(606) 546-8915	a basis of Lice	ense Fee (Sche	dule A-Line 1)	
Phone Number			Federal II			
INDICATE ANY NAME OR ADDRESS CHANGE ABOVE		4 Did you have ampleyees in	/es ·· No			
QUESTIONS (ANSWER IN FULL)		 4. Did you have employees in Knox County? Yes No 5. Basis upon which tax return is prepared Cash Accrual 6. Business Type: C-Corp S-Corp Partnership Sole-Prop. Fiduciary Other (Specify) 7. Has the IRS changed the Net Income as originally reported for any prior year? No Yes (Attach Schedule of Changes for each year) 				
1. Nature of Business						
2. Date Business Started in Knox County						
3. If Business was Discontinued, State When						
Dissolution or Sale If by sale, give Name and Address of successor						
SCHEDULE A						
FOR OFFICIAL USE ONLY	1. NET Business income p	er Federal Tax Peturn				
	2. ADD Items not Deductib					
Rec'd	3. TOTAL (Line1 Plus Line					
Ck. No	4. DEDUCT Items not subject					
Amount	5. ADJUSTED NET BUSINESS INCOME (Line 3 less Line 4) 6. If Sch. B (line4) is used enter here AVERAGE PERCENTAGE					
Posted	7. NET PROFITS subject to License Fee (Line 5 x Line 6) 8. Prior year adjustments					
Ву						
		(Line 7 less Line 8) If less than "0"	enter "NONE"			
Make checks payable and mail to:	10. License Fee - 1.0000					
	11. Interest - 12.00 % p					
KNOX COUNTY FEE ADMINISTRATOR		th or portion up to 25% min \$	25.00			
PO BOX 177	13. Total (Lines 10+11+12)					
BARBOURVILLE KY 40906	14. Less Credits - () ESTIMATE () OTHER					
Phone Number (606) 546-8915	15. BALANCE DUE (Line 13 less Line 14) pay this amount					
hhillindihillindimilli	16. It estimate overpaid Ind	licate () Refund or () Credit				

SCHEDULE B Business Allocation percentage-Divide (Col. B) to obtain decimal Carry out at least 6 places.							
ALLOCATON 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	Da	ate					
THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR							
000000		SCNP	-A Rev. 10/01/2005				
You must attach a copy of your Federal Return as applicable per KRS-67.768 (2)							

