

CITY OF SHIVELY, KENTUCKY

NET PROFIT LICENSE FEE RETURN FORM OL-3

www.shivelyky.org

(502) 449-5000

fax (502) 449-5004

Taxable Year Ended

Month	Day	Year

Print Business Name, Address & Account #

Business Entity Classification:

- Individual
 Partnership
 Corporation
 Other _____

Social Security # or Federal ID #

Remit To:
CITY OF SHIVELY
 3920 Dixie Highway
 Shively, Kentucky 40216

Due the 15th Day of the 4th Month Following the Close of the Taxable Year

- Final Return (Check only to inactivate account. Complete Question E) No business activity within Shively during tax year

- A) If business entity is exempt from net profit license fee, state why.
 Nonprofit entity with no unrelated business income No business activity Other _____
- B) Business Phone # _____ Alternate Phone # _____
- C) Principal business activity _____
- D) Did the Business have employees working with Shively during the taxable year? _____ If YES, Indicate the number _____
- E) If business activity was discontinued within the City during the year, state when and why _____ Dissolution
 Sale. If by sale, give name and address of successor _____ Other _____
- F) Is the Business Entity and Affiliate of a Consolidated Corporate Federal Return? No Yes

****IMPORTANT****

PART IV: FEE COMPUTATION

Attach Federal Return

- Schedule C
 Schedule E
 Form 4797
 Form 6252
 Form 1065
 Form 1120S
 Form 1120
 Form 8825

Other _____

- | | |
|---|--|
| 1) Adjusted Net Income (See Reverse, Line L of Part I) | |
| 2) Business Apportionment (Enter 100% or Line 4 of Part III) | |
| 3) Taxable Net Profit (Multiply Line 1 by Line 2) | |
| 4) Occupational License Fee (Multiply Line 3 by 1.5%) | |
| 5) Total Fees Due (Enter \$100 minimum or Line 4, whichever is greater) | |
| 6) Less Estimated Payments and Credits | |
| 7) Balance Due | |
| 8) Penalty and Interest | |
| 9) Total Amount Due | |
| 10) Overpayment Claimed | |
- Refund
 Credit to next year estimated payment

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

PREPARER'S SIGNATURE	DATE	LICENSEE'S SIGNATURE	DATE
----------------------	------	----------------------	------

PRINT NAME	SS#	PRINT NAME	TITLE
------------	-----	------------	-------

Due the 15th Day of the 4th Month Following the Close of the Taxable Year

IMPORTANT Enclose Copy of Applicable Federal Form(s)	CITY OF SHIVELY NET PROFIT WORKSHEET	Account #
--	---	-----------

PART I: ADJUSTED NET INCOME

BUSINESS INCOME

- A) All business entities enter the net profit or loss as shown on Federal Schedule C and/or E, the ordinary income or loss from Federal Form 1065 or Form 1120S, the taxable income AFTER special deductions and net operating loss from Federal Form 1120, the unrelated business taxable income from Form 990T, or equivalent. _____
- B) Individuals that report business income on Federal Schedule C and/or E, enter the gain or loss from the sale of business property used in a trade or business form Federal Form 4797 or 6252 reported on Schedule D _____
- C) Partnerships and corporations that are pass-through entities for Federal tax purposes enter the additions from Schedule K of Form 1065, 1120S, or equivalent _____
- D) All business entities enter other income items _____
- E) Partnerships and corporations that are pass-through entities for Federal tax purposes enter the allowable subtractions from Schedule K of Form 1065, 1120S, or equivalent _____
- F) TOTAL INCOME (Total of lines A through D less line E) _____

ITEMS NOT DEDUCTIBLE - ADDITIONS TO TOTAL INCOME

- G) All business entities add back the state income taxes and occupational license fees based on net or gross income deducted from the Federal return _____
- H) Corporations add back the net operating loss allowed under Section 172 of the Internal Revenue Code deducted from Federal Form 1120, 1120-REIT, 990T, or equivalent _____

ITEMS NOT TAXABLE - SUBTRACTIONS FROM TOTAL INCOME

- I) All business entities subtract the alcoholic beverage sales deduction as calculated in part II, Line 3 _____
- J) All business entities enter other adjustments _____
- K) TOTAL ADJUSTMENTS (Add lines G and H then subtract line I and J. Enter the total on line K) _____
- L) ADJUSTED NET INCOME (Add lines F and K. Enter total here and on front, line 1 of Part IV: FEE COMPUTATION) _____

PART II: ALCOHOLIC BEVERAGE SALES DEDUCTION

NOTE: "Total Sales" is Total Gross Receipts of Business including Non-Alcoholic Beverage Sales

1)	DIVIDE →	$\frac{\text{Shively Alcoholic Beverage Sales}}{\text{Total Sales}} = \frac{\text{_____}}{\text{_____}}$	%
2)	Enter the total of line F of Part I: ADJUSTED NET INCOME		
3)	Alcoholic Beverage Sales Deduction (Multiply line 1 by 2. Enter here and line I, Part I)		

PART III: BUSINESS APPORTIONMENT

All licenses whose business operations were not conducted entirely in the City of Shively must complete this part, regardless of profit or loss.

DIVIDE ↓

APPORTIONMENT FACTORS	COLUMN A City of Shively	COLUMN B Everywhere	COLUMN C A / B = C
1) PAYROLL FACTOR Compensation Paid or Payable to Employees			%
2) SALES FACTOR Gross Receipts from Sales, Rents, Work or Services Performed			%
3) TOTAL PERCENTAGES (Add Lines 1 and 2 of Column C)			%
4) BUSINESS APPORTIONMENT (If your business had both a sales factor and a payroll factor, then divide line 3 by two (2). However, if the business had either a sales factor, but not both, then enter the single factor percentage here and on front, Line 2 of Part IV: FEE COMPUTATION.			%