

City of Shively

3920 Dixie Hwy • Shively, KY. 40216 • (502) 449-5000 • taxoffice@shivelyky.gov

NET PROFIT LICENSE RETURN

Account #
Federal Tax ID#
For Year Ended
Due Date
15 th day of the 4 th month following the close of the year.

BUSINESS NAME / INDIVIDUAL			
ADDRESS			
CITY	STATE	ZIP	PHONE #
NATURE OF BUSINESS. RENTAL PROPERTY OWNERS, LIST RENTAL PROPERTY ADDRESSES			

ATTACH A COPY OF THE COMPLETE FEDERAL RETURN OR SCHEDULE FEDERAL SCHEDULE C OR E (1040) Fed. 1041, 1065PR, 1120, 1120S.

Please note: Federal return should include Cost of Goods Schedule and / or Other Schedules.

1.	Net Profit/Income per attached Federal Return	
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 2.25%)	
5.	Total Fees Due (Enter \$100 minimum or line 4, whichever is Greater)	
6.	Less Estimated Payments or Credits	
7.	Balance Due	
8.	Delinquent filings add 10%	
9.	Total Amount Due	
10.	Overpayment Claimed Refund () Credit to Next Year ()	

I Hereby certify that the statements made herein, and in any supporting documents are true and complete to the best of my knowledge.

Signature _____

Prepared by _____

Title _____

Date _____