

CITY OF SHIVELY, KENTUCKY

NET PROFIT LICENSE FEE RETURN FORM OL-3

email: taxoffice@shivelyky.gov www.shivelyky.gov (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 B)

☐ 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 by or to 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****

Attach Federal Return

- ☐ Schedule C
☐ Schedule E
☐ Form 4797
☐ Form 6252
☐ Form 1065
☐ Form 1120S
☐ Form 1120
☐ Form 8825
☐ Other _____

PART IV: FEE COMPUTATION

- 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 2.25%) _____
- 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

LICENSEE'S SIGNATURE

PRINT NAME

PRINT NAME

SS#

DATE

TITLE

DATE

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 # <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
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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** → Shively Alcoholic Beverage Sales = _____ %
Total Sales
- 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.

APPORTIONMENT FACTORS	COLUMN A City of Shively	COLUMN B Everywhere	OLUMN 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.			%