



CITY OF BOWLING GREEN, KY
 P.O. Box 1410
 Bowling Green, KY 42102-1410
 (270) 393-3000 FAX 270-393-3636
 www.bgky.org

NPO

NET PROFIT RETURN TAX YEAR _____

Occupational Account Number

For Tax Year Ending

Due on or Before

Due Date Per Approved City Extension

Social Security or Federal ID #

CHECK IF ABOVE IS A CHANGE OF ADDRESS

Entity Filing Return: Individual Partnership Corporation

LLC (filing as _____)

QUESTIONS BELOW MUST BE ANSWERED IN ORDER FOR THE RETURN TO BE ACCEPTED AS A COMPLETED RETURN:

Description of Business: _____

Print Name of Individual To Contact About This Return _____ Phone #: _____

Email Address Pertaining to this form: _____

Check if Final Return Date Operations Ceased _____ Short Period Amended Return

If a permanent change of fiscal year end date has occurred give new year end : _____

If final return give reason for closing: _____

If this is a LLC filing as a disregarded entity check here and read instructions below:

LLC's Reporting and filing on income under a separate City account will have no fee is due with this return. Provide the filing entities City Account number, the filing entity name, and federal id below. **Income for this LLC is filed under City Account Number** _____

Reporting Entity Name _____ **Reporting Entity Federal ID** _____

Alcohol Beverage Sales Deduction worksheet:

Divide: KY Alcoholic Beverage Sales = %

Total Sales (Total Gross Receipts of Business from Line 1)

Enter Total Adjusted Income from Line 6

Alcoholic Beverage Sales Deduction (multiply % arrived at by Total Adjusted Income)Enter on Line J.....

Important points to review before mailing: (Detailed instructions for completing this return can be found on our website www.bgky.org)

- If this is the first time you have filed with our City, have you completed a Business Registration application and paid the required fees? Did you complete both sides of this return? **Name and account number needs to be completed on both sides to ensure proper filing.**
- Have you attached required applicable federal schedules? (Example: Fed Schedule C, Fed 1120 or 1120s, Schedule E, Fed 1065, Fed 1041 and/or other applicable Federal Returns or schedules that were used to arrive at the net profit on front of this return).
- If this is an LLC that is disregarded, did you note special instructions in box above?
- **In order to have an approved City Extension an estimated payment and copy of federal extension must be filed with our office by the original due date to avoid penalty charges. Interest will be due from the original due date. The Extension Request Form can be found on the City website.**
- If percentage on line 10 is not 100% the apportionment section must be completed.
- If you are filing a late return, did you calculate and pay applicable penalty and interest fees?



Business Name _____ Occupational Account # _____

Tax Year _____ Due Date _____ Soc Sec/Fed ID _____

- 1. GROSS RECEIPTS AND SALES LESS RETURNS AND ALLOWANCES **PER ATTACHED REQUIRED FEDERAL RETURNS**..... 1. _____
- 2. COST OF GOODS SOLD **PER ATTACHED FEDERAL RETURN** 2. (_____)
- 3. ADDITIONAL INCOME (INCLUDING BUT NOT LIMITED TO –DIVIDENDS, INTEREST, GROSS RENTS, GROSS ROYALTIES,
NET GAIN OR LOSS (4797), CAPITAL GAIN (SCHEDULE D , FORM 1120 , OTHER INCOME) **PER ATTACHED FEDERAL RETURN** 3. _____
- 4. TOTAL INCOME (LINE 1 SUBTRACT LINE 2, ADD LINE 3)..... 4. _____
- 5. TOTAL DEDUCTIONS **PER ATTACHED FEDERAL RETURN**..... 5. (_____)
- 6. NET PROFIT **PER ATTACHED FEDERAL RETURN** (LINE 4 LESS LINE 5) 6. _____

ADJUSTMENTS (IF APPLICABLE) PER CITY OF BOWLING GREEN ORDINANCE :

ITEMS NOT DEDUCTIBLE AND MUST BE ADDED BACK:	ITEMS NOT SUBJECT AND ARE DEDUCTIBLE:
A. State Income Taxes and Occupational License Fees _____	G. Interest Income _____
B. Net Operating Loss Carryover _____	H. Dividend Income _____
C. Capital Loss (Show as Positive Number)(Sch D/4797) _____	I. Net Capital Gain _____
D. Partners Guaranteed Payments _____	J. Alcohol Sales Deduction (worksheet page 1) _____
E. Other (Must specify and provide federal schedule) _____	K. Allowable Pass Through Expenses _____
F. TOTAL ADDITIONS (Carry this total to line 7) _____	L. TOTAL DEDUCTIONS (Carry this total to Line 8) _____

- 7. ITEMS NOT DEDUCTIBLE (TOTAL FROM LINE F) 7. _____
- 8. ITEMS NOT SUBJECT (TOTAL FROM LINE L) 8. (_____)
- 9. ADJUSTED NET PROFIT (LINE 6 -ADD LINE 7 AND SUBTRACT LINE 8) 9. _____

Calculation of Apportionment Percentage is for a business whose activities were conducted in more than one city

SALES FACTOR	M. Gross Receipts/Sales/ Rents/Services within the City of Bowling Green..... \$ _____	
	N. Total Gross Receipts/Sales/Rents/Services \$ _____	
	O. Divide Line M by Line N..... _____	
PAYROLL FACTOR	P. Payroll within the City of Bowling Green..... \$ _____	
	Q. Total payroll everywhere..... \$ _____	
	R. Divide Line P by Line Q _____	
		10. _____ %
S. Total (add lines O + R) _____		(If line 10 is less the 100% the apportionment calculation section must be completed)
T. Apportionment –if both lines N and Q are greater than zero, divide entry on line S by 2. If either line N or Q is zero, do not divide, enter the total amount from Line S. Enter here..... _____		
(Final total must be converted to percentage and placed on line 10)		

- 11. NET PROFIT SUBJECT TO LICENSE FEE (LINE 9 MULTIPLIED BY LINE 10)..... 11. _____
- 12. LICENSE FEE DUE AT THE RATE OF 2.0% (LINE 11 MULTIPLIED BY 2.0 %)..... 12. _____
*(**If amount is less than \$30.00, a minimum fee of \$30.00 is due on line 12**)*
- 13. PREVIOUS ESTIMATES PAID 13. _____
- 14. REFUND IF LINE 13 IS GREATER THAN 12 . REFUND AMOUNT 14. _____

REFUNDS MUST COMPLETE THE W9 FORM AND ACH PAYMENT ENROLLMENT FORM AT THE FOLLOWING LINK

<https://www.bgky.org/finance/occupational-tax-refund-ach> SUBMIT TO EMAIL ADDRESS SHOWN ON THE FORM.

- 15. BALANCE DUE. IF LINE 12 IS GREATER THAN LINE 13 ENTER BALANCE OF LICENSE FEE DUE HERE.....15. _____
- 16. INTEREST—1% (PERCENT) PER MONTH OR PORTION OF MONTH.....16. _____
- 17. PENALTY—5% (PERCENT) PER MONTH OR PORTION OF MONTH NOT TO EXCEED 25% (BUT SHALL NOT BE LESS THAN \$25.00).....17. _____
- 18. TOTAL AMOUNT DUE (ADD LINES 15, 16, AND 17).....18. _____

SIGNATURE OF TAXPAYER _____ DATE _____ PHONE NUMBER _____ EMAIL _____

SIGNATURE OF PREPARER _____ DATE _____ PHONE NUMBER _____ EMAIL _____