

## HOPKINS COUNTY, KENTUCKY - NET PROFIT LICENSE FEE RETURN

Business Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

_____
Account Number
_____
Fiscal Year End

Section A	
A. Check Appropriate Classification: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <span style="margin-left: 150px;"><input type="checkbox"/> Sole Proprietorship    <input type="checkbox"/> Fiduciary    <input type="checkbox"/> Other _____</span>	
B. Social Security and/or Federal ID Numbers _____	
C. Nature of Business _____	
D. Did you have employees working in Hopkins County this year? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If Yes, you must also file HCFC FORM 01 - Employers Return of License Fee Withheld</span>	
E. Have Federal Authorities changed net income as originally reported in prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">If Yes, attach Schedule of Changes for each year.</span>	
F. Business Dates    Started _____    Discontinued _____ <span style="margin-left: 20px;">If Sold, Successor _____</span>	
G. List additional businesses operated subject to Hopkins County License Fee _____ _____	

Section B (see instructions on back)	
1. Gross Income per attached Federal Return	
2. Total Deductions per attached Federal Return	
3. Net Income per attached Federal Return	
4. Add items not deductible (Section C, Line 23)	
5. Total (Line 3 plus Line 4) <b>IF LESS THAN \$2,500 STOP HERE - NO TAX DUE</b>	
6. Deduct items not subject to License Fee (Section C, Line 29)	
7. Adjusted Net Income (Line 5 minus Line 6)	
8. Allocation Factor (Section D, Line 33)	
9. Net Profit Subject to License Fee (Line 7 x Line 8)	
10. License Fee (Multiply Line 9 or \$500,000, whichever is less by .5% (.005))	
11. Interest 1% Per Month	
12. Penalty 5% per month (maximum 25% of total license fee, minimum \$25)	
13. Total (Add lines 10, 11 and 12)	
14. Less Credits    a. Estimated Payments _____ <span style="margin-left: 100px;">b. Prior Year Overpayment _____</span>	
15. Total Amount Due (Line 13 minus Line 14) <span style="margin-left: 20px;">If Overpayment    <input type="checkbox"/> Refund    <input type="checkbox"/> Apply to next year</span>	
	<b>PAY THIS AMOUNT</b>

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

<b>Make Check Payable &amp; Mail to:</b> Hopkins County Fiscal Court Attn: Tax Administrator P.O. Box 690 Madisonville, KY 42431
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Taxpayer Signature	Preparer's Signature
Print Name	Print Name
Taxpayer Title	Preparer's Phone

Date

**NET PROFIT LICENSE FEE RETURN INSTRUCTIONS**

The Hopkins County Fiscal Court Net Profit License Fee is levied at the annual rate of .5% of the net profits of all occupations, trades, professions or other businesses engaged in said activities in Hopkins County. Specifically included within the foregoing is rental income received from the leasing or rental of real and/or personal property located within Hopkins County, subject to the following exemption: the license fee shall not apply to net income received from the leasing or rental of less than four (4) residential rental units per year. The fee is levied against a partnership, or association as a business entity; therefore the individual partners or members are not required to file a return on their distributive share of the profits. The Net Profit License Fee Return to be filed by all businesses having some receipts and/or payroll within Hopkins County, must be based on the net income as reported to the federal government. The maximum amount of Net Profit per licensee to which this fee applies is \$500,000, creating a maximum liability of \$2,500 per year. In addition, if the Net Profit for a single licensee is less than \$2,500 for one (1) year, no license fee will be due for that year.

All businesses are required to attach a copy of the applicable Federal Return and/or Schedules to the Net Profit License Fee Return.

Farm Income	Schedule F / Form 4835 (if applicable)
Individual/Sole Proprietorship	Schedule(s) C.E - 1040 Federal Tax Return
Partnership	Federal Tax Form 1065, Form 8825 (if applicable)
Corporation	Federal Tax Form 1120/1120S, Form 8825 (if applicable)
Fiduciary	Federal Tax Form 1041, Schedule E (if applicable)

**Section C** is provided for the licensee to add (Lines 16 thru 23) items which are subject to the License Fee. Most of these appear as deductions taken on the Federal return. Therefore, they must be added back on Line 4. Lines 24 thru 29 provide for the deduction of items not subject to the License Fee. Many of these items are only taxable on the Federal Return, so must be deducted on Line 6. Attach schedule explaining any deduction on Line 28.

<b>Section C</b>	
<b>Expenses Not Deductible</b>	<b>Income Not Subject to Tax</b>
16. State and Local Taxes Based on Income _____	24. Interest Income _____
17. Current or Prior Year County License Fee _____	25. Dividends _____
18. Net Loss from Capital Assets _____	26. Net Gain from Capital Assets _____
19. Ordinary Losses (Form 4797) _____	27. Ordinary Gain (Form 4797) _____
20. Net Operating Loss Deduction _____	28. Other Items (Attach Schedule) _____
21. Partners Salaries (Attach Schedule) _____	29. Total (Enter on Line 6) _____
22. Other Items (Attach Schedule) _____	
23. Total (Enter on Line 4) _____	

<b>Section D</b>			
To be completed by licensee whose business operations were not conducted entirely in Hopkins County. Completion of this schedule allocates to Hopkins County the proportionate part of the licensee's total business activity attributable to Hopkins County.			
<b>Allocation Factors</b>	<b>A-Hopkins County</b>	<b>B-Total</b>	<b>C-Percentage</b>
(If not applicable, write N/A in Column C)			
30. Gross Income _____			%
31. Total Wages & Salaries _____			%
32. Total Percentage (Line 30 plus Line 31) _____			%
33. ALLOCATION FACTOR-If your business had both a Gross Income Factor and a Wages & Salaries Factor, divide Line 32 by 2. If you had a Gross Income Factor or a Salaries & Wages Factor, but not both, then enter the Total Percentage here and on Line 8.			%

**Please direct any questions to Tax Administrator, PO Box 690, Madisonville, KY 42431. Phone (270) 452-0009**