Form OLF-4 Revised 8/89

CITY OF PARIS, KENTUCKY
NET PROFITS LICENSE FEE RETURN

FISCAL YEAR ENDED	Important ▶	
Mo. Day Year		Employer ID or Soc. Sec.
		Acct No.

PLEAE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNWERSHIP OR NAME AND ADDRESS SHOWN BELOW

Name and Address of Business

QUESTIONS (ANSWER FULLY)

A. Name of Business _____

B. Date Business Stared in Paris _____

C. Was activity in Paris discontinued? ____ Yes ____ No

D. If Organization was discontinues, state when _____
Dissolution___ or Sale___ if by Sale Give Name and Address of Successor _____

E. Did you have employees in Paris in _____? Yes___ No___

F. Basis on which this Return is prepared, Cash ___ Accrual ___

G. Check Which: ___Corporation ___ Sub-Chapter S
___Partnership ___Individual Owner ___Fiduciary
___ Other (state) _____

H. Have Federal Authorities changed the Net Income as Originally Reported for Any Prior Year? Yes___ No___
If Answer "YES", Attach Schedule of Changes for Each Year.

SCHEDULE A

1. Total Gross Receipts per Federal Return, Form _____	_____
2. Total Business Deductions per Federal Return	_____
3. Net Business Income per Federal Return	_____
4. ADD items not deductible (Line F, Schedule B)	_____
5. Total (Line 3 plus Line 4)	_____
6. DEDUCT items not subject (Line L, Schedule B)	_____
7. ADJUSTED NET BUSINESS INCOME (Line 5 less Line 6)	_____
8. If Sch. C (Line 4) is used enter here AVERAGE PERCENTAGE	_____
9. NET PROFITS subject to License Fee (Line 7 X Line 8)	_____
10. License Fee at 1 1/2% of Line 9	_____
11. Less Credits—MINIMUM PAID _____ *ESTIMATE _____	_____
12. Sub-total (Line 10 minus Line 11)	_____
13. Interest —FOR LATE FILING— 1% per month or portion of month of Line 12	_____
14. Penalty —FOR LATE FILING—10% of Line 12	_____
15. BALANCE DUE (Lines 12 + 13 + 14)	_____
16. If ESTIMATE overpaid indicate Refund ____ Credit ___	_____

*IF MINIMUM PAID IS MORE THAN LINE 15 NO RFUND OR CREDIT MAY BE TAKEN FOR THAT DIFFERENCE

DO NOT WRITE IN THIS SPACE

Make Checks Payable to City of Paris
Mail to City of Paris
Occupational License Dept.
525 High St.
Paris, KY 40361

SCHEDULE B

NOTE: ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME PER FEDERAL RETURN

ITEMS NOT DEDUCTIBLE—ADD	ITEMS NOT SUBJECT—DEDUCT
A. State or Local taxes based on income _____	G. Interest * _____
B. Capital Gain _____	H. Royalties on Patents, Copyrights _____
C. Net Operating Loss Deduction _____	I. Dividends _____
D. Partners' Salaries (attach schedule) _____	J. Capital Loss _____
E. Other items (list) _____	K. Other —e.g., Alcoholic Bev. Net. etc. _____ (attach schedule)
F. TOTAL ADDITIONS (enter on Line 4) _____	L. TOTAL DEDUCTIONS (enter on Line 6) _____

*EXCLUDABLE if the principal business activity is NOT investments.

SCHEDULE C

Business Allocation Percentage, Divide (Col A by (Col B) to obtain decimal

ALLOCATION FACTORS	Column A Paris Factor	Column B TOTAL FACTOR	Column C PERCENTAGE
1. Total Gross Business Receipts	$_____	$_____	_____%
2. Total Wages, Salaries and Other Personal Service (Compensation Paid to Employees)	$_____	$_____	_____%
3. TOTAL PERCENTS			_____%
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents) Enter on Line 8			_____%

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

Return must Be Signed

_____ _____ _____

Signature of Individual Preparing Return — Signature of Taxpayer — Date

If receipt is desired, return copy of this form and enclose self addressed, stamped envelope.

OFFICE HOURS 8:00—5:00 MON—FRI Telephone 859-987-2110

This return must be filed and paid in full on or before APRIL 15, 2016, or within 105 days after close of fiscal year, sale, liquidation or transfer.