

CITY OF OWENSBORO, KENTUCKY
AMENDED NET PROFIT LICENSE FEE RETURN

Business Name	Account Number	Business Classification: (Check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other
Business Address		Date Business Activity Began in Owensboro: _____
	Period Ending	Date Business Activity Ceased in Owensboro: _____ Soc. Sec. # and/or Fed. ID #: _____

PART I

	A	B	C
INCOME & BUSINESS ALLOCATION %	As Originally Reported or Adjusted	Net Change Increase or Decrease	Correct Amount
1. Adjusted Net Profit/Income (Complete Part II on Page 2).....			
2. Business Allocation Percentage..... (Complete Part III on Page 2)	_____._____%	_____._____%	_____._____%
3. Subject Net Profit (Line 1 X Line 2).....			

LIABILITY

4. Enter License Fee Due			
*Tax years ending prior to 7-1-97, enter 1% of Line 3 *Tax years ending 7-1-97 thru 6-30-98, see rate table (Part V) *Tax years ending after 6-30-98, enter 1.33% of Line 3			

PAYMENTS AND CREDITS

5. License Fee Paid with original return.....	
6. Other Payments or Credits not claimed on original return.....	
7. Total of Lines 5 and 6.....	

AMOUNT DUE OR REFUND

8. Refund or Credit, if any, shown on original return.....	
9. Subtract Line 8 from Line 7, and enter result.....	
10. If Line 4, Column C is more than Line 9, enter amount due.....	
11. Compute interest on the amount on Line 10 - 1% per month or portion of month.....	
12. Compute late payment penalty on the amount on Line 10 - 1% per month or portion of month, not to exceed 10%	
13. Add Lines 10, 11 and 12. Pay amount due with this return.....	
14. If Line 4, Column C is less than line 9, enter refund due.....	

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

 Signature of Return Preparer

 Date

 Signature of License Fee Payer

PART II

1. Gross Receipts/Sales and Other Income per attached Amended Federal Return.....	
2. Amended Cost of Goods sold and/or Operations plus other Federal Pre-Gross Income Deductions.....	
3. Gross Income per attached Amended Federal Return (Line 1 less Line 2).....	
4. Total Deductions per attached Amended Federal Return.....	
5. Net Profit/Income per attached Amended Federal Return (Line 3 less Line 4).....	
6. Add Items Not Deductible as Amended.....	
7. Total as Amended (Line 5 plus Line 6).....	
8. Subtract Items not subject as Amended.....	
9. Adjusted Net Profit/Income (Line 7 less Line 8). Enter amount on Line 1, Part I, Column C.....	

PART III

Business Allocation Percentage: Divide (Column A) by (Column B) to obtain decimal. Carry out at least 6 places.

	A	B	C
	Owensboro	Total	Percentage
1. Gross Receipts/Sales as Amended			%
2. Total wages, salaries and other compensation of employees as amended.			%
3. Total percents as amended.			%
4. Average Percentage as Amended. Enter on line 2, Part I. (Line 3 divided by number of applicable percents).....			%

PART IV

Give a brief explanation why this amended return is being filed. Be sure to attach a copy of the amended Federal return or schedule as applicable.

Mail to: Occupational License Fee Division
PO Box 10003
Owensboro, KY 42302-9003
Telephone Number: (270) 687-8534