

CITY OF SHIVELY, KENTUCKY		Taxable Year Ended	
NET PROFIT LICENSE FEE RETURN FORM OL-3		Month	Day
www.shivelyky.org		Year	
(502) 449-5000		fax (502) 449-5004	
Print Business Name, Address & Account #		Business Entity Classification: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 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			
<input type="checkbox"/> Final Return (Check only to inactivate account. Complete Question E) <input type="checkbox"/> No business activity within Shively during tax year			
A) If business entity is exempt from net profit license fee, state why. <input type="checkbox"/> Nonprofit entity with no unrelated business income <input type="checkbox"/> No business activity <input type="checkbox"/> 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 within the City during the year, state when and why _____ <input type="checkbox"/> Dissolution <input type="checkbox"/> Sale. If by sale, give name and address of successor _____ <input type="checkbox"/> Other _____			
F) Is the Business Entity and Affiliate of a Consolidated Corporate Federal Return? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, See Specific Instructions)			
IMPORTANT		PART IV: FEE COMPUTATION	
Attach Federal Return <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule E <input type="checkbox"/> Form 4797 <input type="checkbox"/> Form 6252 <input type="checkbox"/> Form 1065 <input type="checkbox"/> Form 1120S <input type="checkbox"/> Form 1120 <input type="checkbox"/> Form 8825 Other _____		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 1.5%) _____ 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 <input type="checkbox"/> Refund <input type="checkbox"/> 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 _____	
DATE _____		DATE _____	
PRINT NAME _____		PRINT NAME _____	
SS# _____		TITLE _____	
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 # _____

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 (See Instructions) _____
- 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 (See Instructions) _____
- 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 →	$\frac{\text{Shively Alcoholic Beverage Sales}}{\text{Total Sales}} = \text{_____} \%$	%
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.			DIVIDE ↓
APPORTIONMENT FACTORS	COLUMN A City of Shively	COLUMN B Everywhere	COLUMN 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.			%