

**TAX YEAR
END 2009**

**CITY OF MAYFIELD KENTUCKY - NET PROFIT LICENSE FEE RETURNED
211 E BROADWAY MAYFIELD KY 42066 (270)-247-1981 FAX (270)-247-7151**

Name _____
 D/B/A _____
 Business Address _____
 City, State and Zip _____

Have you enclosed the following documentation?	
Federal Tax Form 1040 Schedule(s) C, E, F	
Federal Tax Form 1065	
Federal Tax Form 1120/1120 S Form 8825 (if applicable)	
All form 1099 For Services Performed in Previous Taxyear	
Check Payable to "City of Mayfield"	

Section A	
1. Circle Appropriate: Corporation, Partnership, Individual Owner	
2. Social Security and /or Federal ID Number(s) _____	
3. Nature of Business _____	
4. Do you have employees working in the City limits this year? Yes No	
5. Have Federal Authorities changed the net income as originally reported for any prior years? Yes No Year _____	
6. Business phone: _____ Home Phone: _____	
7. Do you operate additional businesses? Yes No Fiscal year ending date _____	

Section B		ENCLOSE ONE COPY OF FEDERAL RETURN & APPLICABLE SCHEDULES	
8. Total Gross income per attached Return	_____	8	
9. Total Deductions per attached Return	_____	9	
10. Net Income per attached Return	_____	10	
11. Add items not deductible (Line H Section C)	_____	11	
12. Total (Line 10 plus Line 11)	_____	12	
13. Deduct Items Not Subject (Line N, Section C)	_____	13	
14. Adjusted Net Income (Line 12 less Line 13)	_____	14	
15. If Section D is used enter Average Percentage (Line R)	_____	%	
16. Net Profit subject to License Fee (Line 14 x Line 15)	_____	16	
17. Mayfield License Fee (Line 16 x Proper Percentage Rate)	\$100.00 MINIMUM	17	
18. Credits - Minimum License Fee and/or Estimated Payment previously submitted	_____	18	
19. Balance (Line 17 less Line 18)	_____	19	
20. Interest 1% per month or portion of month	_____	20	
21. Penalty 5% per month of unpaid balance or \$25.00 which ever is greater	_____	21	
22. Total amount due (Line 19 plus Line 20 plus Line 21)	_____	22	

Section C			
Items Not Deductible - ADD		Items not Subject - DEDUCT	
A. State or Local Taxes	_____	I. Interest Income	_____
B. License Fee under this Ordinance	_____	J. Dividends	_____
C. Net loss from Capital Assets	_____	K. Net Gain from Capital Assets	_____
D. Ordinary Losses (Form 4797)	_____	L. Ordinary Gains (Form 4797)	_____
E. Net Operating Loss Deduction	_____	M. Other Items (Attach Schedule)	_____
F. Partners Guaranteed Payments (Attach Schedule)	_____	N. Total Deductions (Enter on Line 13)	_____
G. Other Items (Attach Schedule)	_____		
H. Total Additions (Enter on Line 11)	_____		

Section D			
Allocation Factors	Col A Mayfield	Column B Total	Column C Pct
O. Gross Income (If not applicable write N/A in Col C)			
P. Total Wages & Salaries (If not applicable write N/A in C)			
Q. Total Percents (Line O plus Line P)			
R. Average Percentage (Line Q divided by number of applicable percents)		Enter on Line 15	

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 _____ Date _____ Signature of Taxpayer _____ Date _____

This return must be filed and paid in full within 105 days after close of fiscal/tax year and returned with ALL supporting documentation.