



City of West Point
Mayor William C. Ash

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West Point, KY 40177

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NET PROFIT RETURN

Calendar Year _____ or Year End _____ Due By April 15, 20_____

1. Check, which applies: Corporation ___ Partnership ___ Individual Owner ___
Fiduciary ___ Other ___

2. If an organization was discontinued, state when _____
Dissolution _____ or Sale _____, if by sale give

Name and Address of Successor _____

{ Print Name and Address of Company }

- 1. Net Income Per Federal Return: Form 1120 _____ Form 1065 _____
1040 Schedule C _____ Schedule E _____ Other _____ \$ _____
- 2. Total Net Profit Subject to fee \$ _____
- 3. West Point Net Profit Fee (2%) \$ _____
- 4. Interest ½ of 1 % Per Month if Delinquent \$ _____
- 5. Penalty of 1% Per Month not exceeding 10% if Delinquent \$ _____
- 6. Balance Due (if less than zero, enter zero) \$ _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND ANY SUPPORTING SCHEDULE OR EXHIBITS ARE TRUE, CORRECT AND COMPLETE.

SIGNATURE OF LICENSE FEE PAYER

DATE

MAKE CHECK PAYABLE TO: City of West Point

MAIL TO ABOVE ADDRESS