



**City of West Point**  
**Net Profits License Fee Return**

509 Elm Street - West Point, KY 40177  
 Phone (502) 922-4260 \* Fax (502) 922-4262  
 Email: [info@westpointky.org](mailto:info@westpointky.org)

**DUE DATE THE 15<sup>TH</sup> OF THE FOURTH MONTH FOLLOWING YEAR END.**

SUBMITTED FOR CALENDAR YEAR \_\_\_\_\_ or YEAR ENDED \_\_\_\_\_

QUESTIONS (ANSWER FULLY)

1. Check Which Corporation  Partnership  Individual Owner  Fiduciary  Other
2. If Organization was Discontinued, State When \_\_\_\_\_ Dissolution \_\_\_\_\_ or Sale \_\_\_\_\_  
 if by Sale, Give Name and Address of Successor

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

City, State Zip \_\_\_\_\_

**SCHEDULE A**

- |   |          |
|---|----------|
| 1. Net Income Per Federal Return: Form 1120 __. Form 1065 | \$ _____ |
| 1040 Schedule C __ Schedule E ____ Other ____             | \$ _____ |
| 2. Less Income Not Subject to West Point from Schedule B  | \$ _____ |
| 3. Add Items Not Deductible from Schedule B               | \$ _____ |
| 4. Total Net Profits Subject to License Fee               | \$ _____ |
| 5. Allocation Factor from Schedule C                      | \$ _____ |
| 6. Taxable Income (Line 5 x 4)                            | \$ _____ |
| 7. West Point License Fee (Line 6 x 2%)                   | \$ _____ |
| 8. Interest 1/2 of 1% Per Month if Delinquent             | \$ _____ |
| 9. Penalty 1% Per Month not exceeding 10% if Delinquent   | \$ _____ |
| 10. Less Credits for Minimum License Fee Paid.            | \$ _____ |
| 11. BALANCE DUE (If less than Zero, Enter Zero)           | \$ _____ |

**SCHEDULE B**

INCOME NOT SUBJECT – DEDUCT		ITEMS NOT DEDUCTABLE - ADD	
Interest Income	\$	\$40 Minimum License Fee	\$
Dividend Income	\$	State Income Taxes	\$
Other	\$	Partner's Salaries	\$
<b>Total Deductions (enter on Line 2 Sch A)</b>	<b>\$</b>	<b>Total Additions (Enter on Line 3 Sch A)</b>	<b>\$</b>

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**SCHEDULE C**  
**ALLOCATION FACTORS**

	Col A West Point Share	Col B Total	Col C Percentage
Total Business Receipts			
Total Wages, Salaries, & other Personal Service Compensation paid to employees			
Total Percents			
Average Percentage (Line 3 divided by number of percents)			

I HEREBY CERTIFY That the statements made herein, and any supporting schedule or exhibit are true, correct, and complete. (Signature of License Fee Payer)

Date \_\_\_\_\_

Make Check or Money Order payable to:

**City of West Point**  
**509 Elm St.**  
**West Point, KY. 40177**