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|  | City of Dayton, Kentucky  514 Sixth Avenue, Dayton, Kentucky 41074  Phone (859) 491-1600 Fax: (859) 491-3538  Website: www.DaytonKY.com |

Business License Return Form

Due by April 15th of by the 15th Day of the 4th Month Following the Close of the Taxable Year.

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| I. BUSINESS INFORMATION | | | | |
| **Name of Business:** |  | | | |
| **Business Address:** |  | | | |
| **Employer ID #** (EIN or SSN)**:** |  | | | |
| **Date Taxable Year Ended:** |  | | | |
| **Type of Business:** | **[ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietorship** | | | |
| **Principal Business Activity:** |  | | | |
| **# of Employees:** |  | | | |
| **\_\_\_\_ A)** BUSINESS LICENSE RENEWAL ONLY (Complete All Questions)  **\_\_\_\_ B)** If business entity is exempt from paying the occupational fee, state why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_ C)** If business discontinued within City, state date of closure and why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **II. OCCUPATIONAL FEE AND LICENSE RENEWAL FEE COMPUTATION** | | | | |
| **1.) Adjusted Gross Income (Gross Income minus taxes paid, returns and allowances): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2.) Business Apportionment (Enter 100% or Calculate in Part III): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **3.) Taxable Gross Income (Multiply Line 1 by Line 2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **4.) Occupational License Fee Due (Amount based Tax Table or exceptions attached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **5.) Penalty @ 5% per month (minimum $25; maximum 25%) (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **6.) Interest @ 1% per month thereof from Due Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **7.) Total Occupational Fee Due Amount (add lines 4, 5, and 6): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **III. BUSINESS APPORTIONMENT – All licenses who business was not conducted entirely within City must complete.** | | | | |
| **Apportionment Factors** | | **Column A – City of Dayton** | **Column B – Everywhere** | **Column C = Divide 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 or a payroll factor, but not both, then enter the single factor percentage here and on Line 2 of Part II) | | | | **%** |
| IV. ACKNOWLEDGEMENT & SIGNATURE: | | | | |
| **\*IMPORTANT\* Attached Federal Return forms including but not limited to Form Schedule C and E.**  RETURN MUST BE SIGNED – I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, complete and to the best of my knowledge.  Signature of PREPARER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of LICENSEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |