

**TAX YEAR
END 2024**

CITY OF MAYFIELD KENTUCKY - NET PROFIT LICENSE FEE RETURNED
 1108 CUBA ROAD, SUITE B, P.O. Box 920, MAYFIELD KY 42066 (270) 251-6210 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. 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.