

CITY OF OWENSBORO AND DAVIESS COUNTY FISCAL COURT
AMENDED NET PROFIT LICENSE FEE RETURN

Business Name	Account Number
Business Address	Business Telephone
	Period Ending

PART I

LICENSE FEE DUE	As Originally Reported or Adjusted	Net Change Increase or Decrease	Correct Amount
TOTAL NET PROFIT FROM PART I:			
1A. City of Owensboro			
1B. Daviess County			
PRE-APPORTIONMENT ADJUSTMENTS:			
2A. City of Owensboro			
2B. Daviess County			
ADJUSTED NET PROFIT:			
3A. City of Owensboro (Line 1A plus Line 2A)			
3B. Daviess County (Line 1B plus Line 2B)			
BUSINESS APPORTIONMENT: (PART II)			
4A. City of Owensboro			
4B. Daviess County			
TAXABLE NET PROFIT:			
5A. City of Owensboro (line 3A X line 4A)			
5B. Daviess County (line 3B X line 4B)			
LICENSE FEE DUE:			
6A. City of Owensboro (see table A in instructions)			
6B. Daviess County (see applicable table)			
PENALTY: (5% per calendar month not to exceed 25%, \$25 MINIMUM)			
7A. City of Owensboro			
7B. Daviess County			
INTEREST: (1% per calendar month or fraction thereof)			
8A. City of Owensboro			
8B. Daviess County			
TOTAL AMOUNT DUE:			
9A. City of Owensboro (Add lines 6A, 7A and 8A)			
9B. Daviess County (Add lines 6B, 7B and 8B)			

PAYMENTS AND CREDITS	
LICENSE FEE, INTEREST AND PENALTY PAID WITH ORIGINAL RETURN	
10A. City of Owensboro	
10B. Daviess County	
PAYMENTS OR CREDITS NOT CLAIMED ON THE ORIGINAL RETURN:	
11A. City of Owensboro	
11B. Daviess County	
TOTAL PAYMENTS AND CREDITS:	
12A. City of Owensboro (line 10A plus line 11A)	
12B. Daviess County (line 10B plus line 11B)	
REFUND OR AMOUNT DUE	
REFUND OR CREDIT, IF ANY, SHOWN ON ORIGINAL RETURN:	
13A. City of Owensboro	
13B. Daviess County	
TOTAL ADJUSTED CREDITS:	
14A. City of Owensboro (Line 12A minus Line 13A)	
14B. Daviess County (Line 12B minus Line 13B)	
TOTAL AMOUNT DUE:	
15A. City of Owensboro: If Line 9A of Column III is more than 14A, enter the amount due	
15B. Daviess County: If Line 9B of Column III is more than Line 14B, enter the amount due	
TOTAL REFUND DUE:	
16A. City of Owensboro: If Line 9A of Column III is less than Line 14A, enter the refund due	
16B. Daviess County: If Line 9B of Column III is less than Line 14B, enter the refund due	

PART II

Give a brief explanation why this amended return is being filed. Attach a copy of the amended Federal return or schedule as applicable.

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature and Phone Number of Preparer

Date

Signature of License Fee Payer

AMENDED

PART I

COMPLETE ONLY ONE COLUMN AS APPLICABLE

	INDIVIDUAL	PARTNERSHIP	CORPORATION
1. Non-employee compensation as reported on Form 1099-Misc. reported as "other income" on Federal Form 1040. Attach Form 1099.	1.)		
2. Net profit or (loss) per Federal Schedule C of Form 1040. Attach Schedule C or Schedule C-EZ.	2.)		
3. Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040. Attach Form 4797, Pages 1 and 2 or Form 6252.	3.)		
4. Rental income or (loss) per Federal Schedule E of Form 1040. Attach Schedule E.	4.)		
5. Net farm profit or (loss) per Federal Schedule F of Form 1040 or Form 4835. Attach Schedule F or Form 4835.	5.)		
6. Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797. Attach Form 4797.	6.)		
7. Ordinary income/loss on Federal Form 1065. Attach Form 1065, Pages 1, 2, 3 and 4, Schedule of Other Deductions, and Form 8825 Rental Income/Expense.	7.)		
8. Taxable income/loss of Federal Form 1120 or Ordinary income/loss on Federal Form 1120S. Attach Form 1120 Pages 1 and 2, and Schedule of other Deductions OR Form 1120S, Pages 1, 2 and 3, Schedule of other Deductions, and Form 8825 Rental Income/Expense.	8.)		
9. State Income Taxes and Occupational License Fees deducted on the Federal Schedule C, C-EZ, E, F or Form 4835, Form 1065, 1120, 1120A or 1120S.	9.)	9.)	9.)
10. Additions from Schedule K of Form 1065 or Form 1120S. Attach Schedule K of Form 1065 or 1120S and Form 8825 Rental Income/Expense.	10.)	10.)	10.)
11. Net Operating Loss deducted on Form 1120.	11.)	11.)	11.)
12. Total Income - Add Lines 2 through Line 11.	12.)	12.)	12.)
13. Subtractions from Schedule K of Form 1065 or Form 1120S. Attach Schedule K of Form 1065 or 1120S and Form 8825 Rental Income/Expense.	13.)	13.)	13.)
14. Alcoholic Beverage Sales Deduction from Part III Line 3 below.	14.)	14.)	14.)
15. Other Adjustments. Attach Schedule.	15.)	15.)	15.)
16. Total Deductions - Add Lines 13 through Line 15.	16.)	16.)	16.)
17. Adjusted Net Profit - Subtract Line 16 from Line 12.	17.)	17.)	17.)

PART II: Apportionment Factors

	COLUMN A CITY OF OWENSBORO	COLUMN B DAVIESS COUNTY
1a Sales/Gross Receipts within the Jurisdiction	\$	\$
1b Total Sales/Gross Receipts everywhere	\$	\$
1c Divide Line 1a by Line 1b	%	%
2a Payroll within the Jurisdiction	\$	\$
2b Total Payroll everywhere	\$	\$
2c Divide Line 2a by Line 2b	%	%
3 Total Percentages (add line 1c + 2c)	%	%
4 Apportionment Percentage - If your business had both factors, enter total percentages divided by two (2) (line 3/2). However, if the business had only one factor, enter the single factor percentage.	%	%

PART III: ALCOHOLIC BEVERAGE SALES DEDUCTION

1. DIVIDE: Kentucky Alcoholic Beverage Sales	
Total Sales	%
2. Enter "Total Income" from line 12 of Part I	
3. Alcoholic Beverage Sales Deduction (multiply line 1 by line 2)	
Enter here and on line 14 above	