

**TAX YEAR
END 2023**

CITY OF MAYFIELD KENTUCKY - NET PROFIT LICENSE FEE RETURNED
P.O. Box 920, Mayfield, KY 42066 (270) 251-6212 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. Will 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 and/or Minimum License Fee 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.