

City of Coal Run Village

105 Church Street, Coal Run Village

Pikeville, Kentucky 41501

Andrew H. Scott, Mayor

Debra J. Tackett, City Clerk

Jennifer Shepherd, Asst. City Clerk

Commissioners:

Joseph Adkins, Herbert "Trey" Deskins III,

Beverly Jo Osborne, Mike Steele

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City of Coal Run Village 20____ OCCUPATIONAL LICENSE TAX RETURN (Net Profit)

Print Name and Address

For Year Ended

____/____/____

1. Total Income per Federal Form 1040 ____ 1041 ____ 1065 ____ 1120 ____ \$ _____
2. Total Deduction per Federal Form _____
3. Net Income per Federal Form _____
4. Add Items Not Deductible (Schedule 1, Line G) _____
5. Total (Line 3 + Line 4) _____
6. Deduct Items Not Subject (Schedule 1, Line N) _____
7. Adjusted Net Income (Line 5 - Line 6) _____
8. Enter Here Percentage of Adjusted Net Income Allocable to Coal Run (Schedule II, Line 4) _____
9. Net Profits Subject to Coal Run Village Occupational Tax (Line 7 x Line 8) _____
10. Coal Run Village Occupational Tax Fee @ 1% of Amt. on Line 9 _____
11. Interest: 1/2 of 1% per Month _____
12. Penalty: 10% of License Fee _____
13. Total (Lines 10+11+12) _____
14. Less Credits of Minimum \$ _____ Reserve \$ _____ Total Credit _____
15. Balance Due (Line 13 - Line 14) PAY THIS AMOUNT _____

QUESTIONS

- | | | |
|---|-----|----|
| 1. Have Federal authorities changed net income as originally reported for any prior year? | YES | NO |
| If yes, attach schedule of changes. | | |
| 2. Has City of Coal Run Village Occupational Tax been withheld from all subject employees and remitted quarterly? | YES | NO |
| 3. Has there been a change in ownership in the past year? | YES | NO |
| If yes, give name and address of successor: _____ | | |

SCHEDULE I

- | Items Not Deductible | | Items Not Subject | |
|---|----------|---------------------------------------|----------|
| A. State or Local Taxes Based on Income | \$ _____ | H. Interest on Corporate Bonds | \$ _____ |
| B. License Fee Under This Ordinance | \$ _____ | I. Interest on U.S. Govt. Obligations | \$ _____ |
| C. Capital gain (100% Subject) | \$ _____ | J. Royalties on Patents, Copyrights | \$ _____ |
| D. Net Operating Less Deductions | \$ _____ | K. Dividends | \$ _____ |
| E. Partners' Salaries (Attach Schedule) | \$ _____ | L. Capital Loss (100% Deductible) | \$ _____ |
| F. Other Items (List) | \$ _____ | M. Other Items (List) | \$ _____ |
| G. Total Additions (Enter on Line 4) | \$ _____ | N. Total Deductions (Enter on Line 6) | \$ _____ |

SCHEDULE II

Business Allocation Percentage-Divide (A) by (B) to Obtain Decimal. Carry out at least 6 Places.

- | Allocations Factors | | Coal Run | Total | Percentage |
|--|--|----------|-------|------------|
| 1. A. Gross sales of Merchandise, Less Returns and Allowances | | _____ | _____ | _____ |
| B. Charges for Work Done or Services Performed | | _____ | _____ | _____ |
| C. Total Business Receipts Factor (Add Lines 1 (a) and 1 (b)) | | _____ | _____ | _____ |
| 2. A. Wages, Salaries and Other Personal Compensation | | _____ | _____ | _____ |
| B. Less Compensation of Executive Officers | | _____ | _____ | _____ |
| C. Total Net Wages Factor (Line 2 (a) and Line 2 (b)) | | _____ | _____ | _____ |
| 3. Total Percent | | _____ | _____ | _____ |
| 4. Average Percentage (Line 3 Divided by Number of Percent.) Enter on Line 8 | | _____ | _____ | _____ |

RETURN MUST BE SIGNED WITH COPY OF FEDERAL FORM

I hereby certify that the statements made herein and in any supporting schedules are, true, correct and complete to the best of my knowledge.

Signature and Date of Individual Preparing Return

Signature and Date of Taxpayer