CITY OF PIONEER VILLAGE

4700 Summitt Drive Louisville, Kentucky 40229 Phone No. (502) 957-3800 Fax No. (502) 957-4580 E-mail cityclerk@cityofpioneervillage.org

CITY OF PIONEER VILLAGE NET PROFIT LICENSE FEE RETURN

For Year Ended	BUSINESS NAME			
3	NUMBER AND STREET			
Due Date	CITY	STATE	ZIP	PHONE
15th day of the fourth month				
following close of the year.	TRADE NAME, IF ANY NATURE OF BUSINESS			
Type of Business:				
Corporation				
Partnership	Net Profit/Income per attached Federal Return			\$
Sole Proprietor	2. Add: Items Not Deductible (Line 4, Schedule A)			\$
Other	3. Adjusted Net Profit (Line 1 plus Line 2)			\$
	4. Pioneer Village tax rate	1.5% x Line 3		\$
Federal ID or	5. Total Estimated Payments (including prior credits)			\$
Social Security No.	6. Balance Due			\$
	7. Penalty (5% per month it	f filed after due date	- minimum \$25)	\$
ATTACH A COPY OF THE APPLICABLE	8. Interest (12% per annum until paid			\$
FEDERAL RETURN OR SCHEDULE	9. Total Amount Due (add Lines 6, 7 and 8)			\$
Fed. Sch. C or E (1040)				
Fed. 1041, 1065 or 1120				
Please note: Federal return should				
include Cost of Goods Sold Schedule				
and/or Other Schedules				
ALL 1099 FORMS ISSUED MUST				
BE ATTACHED				
I hereby certify that the sta are true, correct	tements made herei and complete to the			
Authorized Signature	Titl	e	-	 Date

SCHEDULE A

1	Taxes based on income	
2	City of Pioneer Village license fee	
3	Net operating-loss deduction	
4	Total not deductible	