



City of Stanford, Kentucky
Annual Net Profit License Fee Return

Form 520

Year Ending \_\_\_\_\_

\*Due April 15th or 105 days after the fiscal year end.

Federal ID or Social Security Number:
Name:
Address:
City/State/Zip:
Contact Name: Phone:

A. Principal Business Activity:
B. Have federal authorities changed the net income as originally reported for any prior year?
C. Corporation's principal administrative officer:
D. Did you file a consolidated return?
E. If organization was discontinued, date dissolved:
F. Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Stanford City limits other than an employee?

PAGE 2 MUST BE COMPLETED PRIOR TO COMPLETING THIS SECTION

Table with 2 columns: Description and Amount. Includes rows for ADJUSTED NET PROFIT, Occupational License Tax Computations, and AMOUNT TO BE PAID.

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

Preparer Signature (Required) Date

Signature of Licensee (Required) Date

Print Name Federal ID

Print Name Title

Address Phone No.

ATTENTION: Federal ID Numbers and Social Security Numbers must be supplied for both the Tax Preparer and the Licensee.

Make Checks Payable To: City of Stanford Mail completed return to: Stanford City Hall, 403 East Main Street, Stanford, Kentucky 40484
Phone: (606)365-4500 \* stanford.ky.gov \* clerkallen@stanfordky.gov

**Lines 1(a) through 1(e) apply only to individuals with income reported on Federal Form W2 from which no occupational taxes were withheld.**

1(a). Gross salaries, wages, tips, etc. reported on the Federal Form W2 from which no occupational taxes were withheld, plus deferred compensation from 401(K), 403(B) or 457 plans	1(a)
1(b). Related employee business expenses per Federal Form 2106 (Attach Form W2 and Form 2106)	1(b)
1(c). Line 1(a) minus Line 1(b)	1(c)
1(d). If your payroll is exclusive to the City of Stanford Enter 100%. Otherwise, compute the apportionment below for the time spent in Stanford, carrying the percentage out five (5) decimal places. Ex. "22.12345%" or ".2212345" Total Days Worked in Stanford <input type="text"/> divided by Total Days worked <input type="text"/> equals	1(d)
1(e). Multiply Line 1(c) by Line 1 (d) and enter on Line 4, on the front page.	1(e)

**COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES**

	INDIVIDUAL	PARTNERSHIP	CORPORATION
2. Non-employee compensation as reported on Form 1099-misc reported as "other income" on Federal Form 1040 (attach page 1 of Form 1040 and 1099)			
3. Net profit or (loss) per Federal Schedule C of Form 1040 (Attach Schedule C, pages 1 and 2, Schedule C-EZ)			
4. Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797 Pg 1-2, or Form 6252)			
5. Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E)			
6. Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F, Pg 1-2)			
7. Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Form 4797, Pg 1-2)			
8. Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pg 1-4, Schedule of Other Deductions, and Rental Schedule(s), if applicable)			
9. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach Form 1120 or 1120A, Pg 1-2 or 1120S Pg 1-3, Schedule of Other Deductions, and Rental Schedule(s), if applicable)			
10. State Income Taxes and Occupational Taxes deducted on Federal Schedule C,E,F or Forms 1065, 1120, 1120A or 1120S			
11. Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)			
12. Net Operating Loss deducted on Form 1120			
13. <b>TOTAL INCOME</b> - Add Lines 2 through Line 12			
14. Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)			
15. Other Adjustments (Attach Schedule)			
16. Non-taxable Income (Attach Schedule)			
17. Professional Expenses not reimbursed by the Partnership (Attach Schedule of Expenses)			
18. <b>TOTAL DEDUCTIONS</b> - Add Lines 14 through Line 17			
19. Adjusted Net Profit - Subtract Line 18 from Line 13. Enter here and on Line 1 on the front page (Do Not include the amount from Line 1(e))			

**COMPUTATION OF APPORTIONMENT PERCENTAGES**

INSTRUCTIONS: Businesses whose total gross receipts and/or payroll were not confined solely to the City of Stanford, must complete Lines 20-23. All percentages in Column C must be carried out five (5) decimal places. Otherwise, enter 100% on line 2.		COLUMN C= Column A/Column B	
	COLUMN A	COLUMN B	COLUMN C
<b>APPORTIONMENT CALCULATION</b>	Stanford	All	Stanford %
20. Gross income from sales made and/or services rendered			
21. Total wages, salaries, and other compensation paid (if not applicable, write N/A in column C: See instructions before completing)			
22. <b>TOTAL APPORTIONMENT PERCENTAGE</b> -FOR City of Stanford Add Column C 20 and 21.			
23. <b>APPORTIONMENT PERCENTAGE</b> - (If both Lines 20 and 21 are applicable, divide entry on Line 22 by 2. Enter here and on line 2 on the front page. If either Line 20 or 21 is not applicable, enter the amount from Line 22 here and on Line 2 on the front page.) Ex. "22.12345%" or ".2212345"			