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CASE

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Remit To:

CITY OF SPRINGFIELD - LICENSE FEE DIVISION
127 WEST MAIN ST. • SPRINGFIELD, KY 40069 • PHONE (859) 336-5440

NET PROFITS LICENSE FEE RETURN

UNDER ORDINANCE 2023-008

FROM BUSINESSES, PROFESSION, OR OTHER ACTIVITY WITHIN THE CITY OF SPRINGFIELD, CONDUCTED BY
CORPORATIONS, PARTNERSHIPS, INDIVIDUALS AND FIDUCIARIES OF ESTATES AND TRUSTS.
(RESIDENT OR NON-RESIDENT)

CALENDAR YEAR ENDED DECEMBER 31, 20 ____
OR

PAYROLL DEPARTMENT FISCAL YEAR ENDING: Mo. Day Year

(PRINT NAME AND ADDRESS BELOW - CHANGE IF NOT CORRECTLY SHOWN)

Federal Tax ID No.

Give Trade Name, If Any

Social Security Number:

1. Net Profits Subject to License Fee (Enter Line 7, Schedule A, Page 2.)	\$	
2. Springfield License Fee @ 1.5%		
3. Interest 1% Per Month		
4. Failure to file or late filing of return: subject to a civil penalty equal to six percent (6%) per annum in addition to a charged penalty of one half of one percent of the amount of the unpaid license fee for each thirty (30) days or fraction thereof elapsing between the due date of the return and the date on which filed	\$	
5. Total (Items 2, 3, & 4)		
6. Balance Due		

QUESTIONS (ANSWER FULLY)

- Check Which: Corporation; Partnership, Individual Owner, Fiduciary, Other (State) _____
- Date Business Started or Trust Created _____
- Did you pay a business privilege License for Previous Year? _____
(Yes or No)
- If Organization was Discontinued, State Whether by Dissolution
_____ State _____

- Did you have any Employees in Springfield in taxable year?
 Yes No

- Has Springfield License Fee been withheld from All Subject Employees and Remitted Quarterly in accordance with Regulations Yes No
If answer is "No"
Explain: _____
- Has Return of Information for Each Employee, as Per the Regulations Been Forwarded to the License Fee Div.? _____
(Yes or No)
- Check Whether this Return is Prepared on Cash _____ or Accrual _____ Basis.
- Show Name and Address of each place of Business operated Subject to Springfield License Fee and check if not included in this return.

Not Included

Prepared by _____ CERTIFICATE

I HEREBY CERTIFY That the statements made herein and in any supporting schedule or exhibit are true, correct and complete.

(Signature of License Fee Payer) _____ Date _____, 20 ____

This return must be filed with full payment of the fee on or before April 15, after close of calendar year, or within 105 days from the close of your fiscal year, with the City of Springfield, Kentucky 40069. Make all checks payable to Collector, City of Springfield, KY.

SCHEDULE A
Computation of Net Profits Subject to License Fee

1. Net Income Per Federal Return, Form 1040 _____ ; 1041 _____ ; 1065 _____ , 1120 _____		
2. Add Items Not Deductible Under License Fee Ordinance (Schedule B) _____		
3. Total (Line 1 plus Line 2) _____		
4. Deduct Item Not Subject Under License Fee Ordinance (Schedule B) _____		
5. Adjusted Income for Calendar Year 20__ or Fiscal Year Ending _____		
6. Per Cent (As Determined by Schedule C) _____		%
7. Net Profits Subject to Springfield License Fee - Enter as Item 1, Page 1 _____		

SCHEDULE B
ADJUSTMENT OF NET PROFIT TAX PURPOSES TO PROVISIONS OF SPRINGFIELD LICENSE FEE ORDINANCE
NOTE: ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN
CALCULATING NET INCOME PER FEDERAL RETURN

ITEMS NOT DEDUCTIBLE - ADD		ITEMS NOT SUBJECT - DEDUCT		
A. State or Local Taxes Based Upon Income		D. Interest on Federal Government Securities		
B. Net Operating Loss Deuction		E. Interest on Kentucky Local Obligations		
C. Other Items (List)		F. Other Items (List)		
Total Additional (Enter as Line 2 Schedule A)		Total Deductions (Enter as Line 4, Schedule A)	\$	

SCHEDULE C
BUSINESS ALLOCATION PERCENTAGE FORMULA
Divide (A) by (B) to obtain Decimal - Carry Out Decimal at Least 6 places

ALLOCATION FACTORS	COL 1 Springfield Factor (A)	COL 2 Springfield Factor (B)	COL 3 PERCENTAGE
1. Gross Sales of Merchandise, Less Returns and Allowance (Do not include Discounts Allowed)			
Charges for Work or Service performed			
Other Income			
Total Business Receipts Factor			%
2. Wages, Salaries, and Other Personal Service Compensation			
Total Net Wages Factor			
3. Total Percents			%
4. Average Percentage			%
(Line 3 Divided by Number of Percents) Carry Percentage to Line 6, Scheduler A			