

CITY OF HODGENVILLE
BUSINESS LICENSE APPLICATION

NAME OF BUSINESS: _____

OWNER/OWNERS: _____

BUSINESS ADDRESS: _____

City _____ State _____ Zip _____

MAILING ADDRESS: _____

City _____ State _____ Zip _____

(If different from above)

TELEPHONE NUMBER: _____

NATURE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____ FEIN: _____

*EMAIL ADDRESS: _____

*Amount Enclosed: \$ 50.⁰⁰ (Amount due is based on type of business and will remain the same as the previous year. Please contact City Hall for questions regarding fee amount.)

In reference to ordinance #2004, Article I, Section 10, business license fee for any business is established in accordance with the type of business. An annual Net Profits return will be mailed each year for your business to file with the City of Hodgenville. **If you have employees, there is a .75% withholding requirement on gross wages earned in the City of Hodgenville.** Quarterly payroll returns are mailed with your business license packet and are to be filled out/ turned in each quarter.

The City of Hodgenville should be notified in writing of any changes in the nature of the business, ownership or management, address or termination of business.

By my signature below, I certify that the information provided herein is true and accurate to the best of my knowledge. I hereby affirm that I will determine and comply with all applicable requirements of the Zoning Regulations for the City of Hodgenville.

Signature of Applicant

Date

**Remit to: City of Hodgenville
Attn: City Clerk, Treasurer
200 South Lincoln Blvd.
Hodgenville, KY 42748**

Phone: 270.358.3832
Fax: 270.358.9757

Remit To: City of Hodgenville
Attn: City Clerk/Treasurer
P.O. Box 189
Hodgenville, KY 42748
270.358.3832

Calendar Year Ending: December 2016
Return due: May 15, 2017
or 135 days from the end of your fiscal year

NET PROFITS LICENSE FEE RETURN

Ordinance 5

Article II

Name and Address of Business as Shown at City Hall: Change if incorrect

Federal Tax ID No: _____ or Social Security No. _____

1. Net Profits from your business tax return (Form 1040, 1041; 1065; 1120, etc- attach copy) (include salaries, wages, bonuses, incentive payments, Commissions, fees and other compensation received or net Profits earned) PLEASE ATTACH A COPY	\$	
2. Total income subject to City of Hodgenville tax		
3. Multiply Line 2 by .75%		
4. Fee paid in advance	-	
5. Amt. due line 3 less line 4		

Questions (Answer Fully)

1. Check which: Corporation; Partnership; Individual Owner
 Fiduciary; Other;

2. Date Business Started or Trust Created: _____

3. If Organization was discontinued, state whether:

By Dissolution: or Sale

If by sale, please provide Name and Address of Successor Organization:

4. Did you have any employees in the City of Hodgenville in this taxable year:

Yes No; and if so how many: _____

5. Has the City of Hodgenville License Fee been withheld from all subject employees and remitted quarterly in accordance with our Ordinance 5-00: Yes No

6. Have you filed your Employer's Annual Return for License Fee:

Yes No;

- If no, explain: _____

7. Did you or do you have plans to have any subcontractors employed by your business which are not listed as employees?

8. Please provide an email address for future reference: _____

Prepared By: _____

I HEREBY CERTIFY that the statements made herein and in any supporting documents are true, correct and complete:

Signature of License fee payer

This return must be filed with full payment of the fee on or before May 15, after the close of the calendar year, or within 105 days of the close of your fiscal year. Please file extension with the City of Hodgenville if filing after May 15.

INSTRUCTIONS

1. Allocation of compensation subject to occupational license fee:

a.) The net profits of business and professions from activities conducted in the City of Hodgenville shall be computed as follows:

Multiply the entire net profits from all sources by an allocation percentage to be determined by ascertaining the percentage which the gross receipts of the licensee from sales and services rendered within the City bears to the total gross receipts from sales and services rendered wherever made.

b.) The salaries, wages and other compensation from activities conducted in the City shall be computed as follows:

Multiply the entire salaries, wages and other compensations by an allocation percentage to be determined by the percentage of time the employee performs services with the City.

Remit To: City of Hodgenville
Attn: City Clerk/Treasurer
P.O. Box 189
Hodgenville, KY 42748
270.358.3832

Calendar Year Ending: December 31, 2016.
Return due: May 15, 2017
or 135 days from the end of your fiscal year

1 Quarter

CITY'S COPY
EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
CITY ORDINANCE # 5-00
CITY OF HODGENVILLE, KY LICENSE FEE DIVISION

NAME _____
ADDRESS _____

PERIOD BEGINNING - 01-01-16
PERIOD ENDING - 03-31-16
RETURN DUE - 04-30-16

TOTAL NO. EMPLOYEES _____ Federal Employer ID # _____

- 1. TOTAL GROSS SALARIES PAID ALL EMPLOYEES _____
- 2. TAX DUE FOR QUARTER @.75% _____
- 3. PENALTY FOR LATE FILING (1% PER MONTH) _____
- 4. TOTAL AMOUNT DUE FOR THIS PERIOD (LINE 2 PLUS 3) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OF EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ TITLE _____ DATE _____

EMAIL ADDRESS: _____

PLEASE MAKE CHECK PAYABLE TO CITY OF HODGENVILLE, P.O. BOX 189, HODGENVILLE, KY 42748. RETURN **TOP COPY** WITH PAYMENT - IF NO TAX IS DUE, PLEASE WRITE 0 DUE AND RETURN. FOR MORE INFORMATION VISIT OUR WEBSITE AT WWW.HODGENVILLEKENTUCKY.ORG.

EMPLOYER'S COPY

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
CITY ORDINANCE # 5-00
CITY OF HODGENVILLE, KY LICENSE FEE DIVISION

NAME _____
ADDRESS _____

PERIOD BEGINNING - 01-01-16
PERIOD ENDING - 03-31-16
RETURN DUE - 04-30-16

Total No. EMPLOYEES _____ Federal Employer ID# _____

- 1. TOTAL GROSS SALARIES PAID ALL EMPLOYEES _____
- 2. TAX DUE FOR QUARTER @.75% _____
- 3. PENALTY FOR LATE FILING (1% PER MONTH) _____
- 4. TOTAL AMOUNT DUE FOR THIS PERIOD (LINE 2 PLUS 3) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OF EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ TITLE _____ DATE _____

EMAIL ADDRESS: _____

2nd Quarter

CITY'S COPY
EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
CITY ORDINANCE # 5-00
CITY OF HODGENVILLE, KY LICENSE FEE DIVISION

NAME _____
ADDRESS _____

PERIOD BEGINNING — 04-01-16
PERIOD ENDING — 06-30-16
RETURN DUE — 07-31-16

TOTAL NO. EMPLOYEES _____ Federal Employer ID # _____

- 1. TOTAL GROSS SALARIES PAID ALL EMPLOYEES _____
- 2. TAX DUE FOR QUARTER @.75% _____
- 3. PENALTY FOR LATE FILING (1% PER MONTH) _____
- 4. TOTAL AMOUNT DUE FOR THIS PERIOD (LINE 2 PLUS 3) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OF EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ TITLE _____ DATE _____

EMAIL ADDRESS: _____

PLEASE MAKE CHECK PAYABLE TO CITY OF HODGENVILLE, P.O. BOX 189, HODGENVILLE, KY 42748. RETURN **TOP COPY** WITH PAYMENT — IF NO TAX IS DUE, PLEASE WRITE 0 DUE AND RETURN. FOR MORE INFORMATION VISIT OUR WEBSITE AT WWW.HODGENVILLEKENTUCKY.ORG.

EMPLOYER'S COPY

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
CITY ORDINANCE # 5-00
CITY OF HODGENVILLE, KY LICENSE FEE DIVISION

NAME _____
ADDRESS _____

PERIOD BEGINNING — 04-01-16
PERIOD ENDING — 06-30-16
RETURN DUE — 07-31-16

Total No. EMPLOYEES _____ Federal Employer ID# _____

- 1. TOTAL GROSS SALARIES PAID ALL EMPLOYEES _____
- 2. TAX DUE FOR QUARTER @.75% _____
- 3. PENALTY FOR LATE FILING (1% PER MONTH) _____
- 4. TOTAL AMOUNT DUE FOR THIS PERIOD (LINE 2 PLUS 3) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OF EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ TITLE _____ DATE _____

EMAIL ADDRESS: _____

3rd Quarter

CITY'S COPY
EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
CITY ORDINANCE # 5-00
CITY OF HODGENVILLE, KY LICENSE FEE DIVISION

NAME _____
ADDRESS _____

PERIOD BEGINNING - 07-01-16
PERIOD ENDING - 09-30-16
RETURN DUE - 10-31-16

TOTAL NO. EMPLOYEES _____ Federal Employer ID # _____

- 1. TOTAL GROSS SALARIES PAID ALL EMPLOYEES _____
- 2. TAX DUE FOR QUARTER @.75% _____
- 3. PENALTY FOR LATE FILING (1% PER MONTH) _____
- 4. TOTAL AMOUNT DUE FOR THIS PERIOD (LINE 2 PLUS 3) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OF EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ TITLE _____ DATE _____

EMAIL ADDRESS: _____

PLEASE MAKE CHECK PAYABLE TO CITY OF HODGENVILLE, P.O. BOX 189, HODGENVILLE, KY 42748. RETURN **TOP COPY** WITH PAYMENT - IF NO TAX IS DUE, PLEASE WRITE 0 DUE AND RETURN. FOR MORE INFORMATION VISIT OUR WEBSITE AT WWW.HODGENVILLEKENTUCKY.ORG.

EMPLOYER'S COPY

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
CITY ORDINANCE # 5-00
CITY OF HODGENVILLE, KY LICENSE FEE DIVISION

NAME _____
ADDRESS _____

PERIOD BEGINNING - 07-01-16
PERIOD ENDING - 09-30-16
RETURN DUE - 10-31-16

Total No. EMPLOYEES _____ Federal Employer ID# _____

- 1. TOTAL GROSS SALARIES PAID ALL EMPLOYEES _____
- 2. TAX DUE FOR QUARTER @.75% _____
- 3. PENALTY FOR LATE FILING (1% PER MONTH) _____
- 4. TOTAL AMOUNT DUE FOR THIS PERIOD (LINE 2 PLUS 3) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OF EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ TITLE _____ DATE _____

EMAIL ADDRESS: _____

4th Quarter

CITY'S COPY
EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
CITY ORDINANCE # 5-00
CITY OF HODGENVILLE, KY LICENSE FEE DIVISION

NAME _____ PERIOD BEGINNING — 10-01-16
ADDRESS _____ PERIOD ENDING — 12-31-16
RETURN DUE — 01-31-17

TOTAL NO. EMPLOYEES _____ Federal Employer ID # _____

- 1. TOTAL GROSS SALARIES PAID ALL EMPLOYEES _____
- 2. TAX DUE FOR QUARTER @.75% _____
- 3. PENALTY FOR LATE FILING (1% PER MONTH) _____
- 4. TOTAL AMOUNT DUE FOR THIS PERIOD (LINE 2 PLUS 3) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HERBIN AND ANY SCHEDULES OF EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ TITLE _____ DATE _____

EMAIL ADDRESS: _____

PLEASE MAKE CHECK PAYABLE TO CITY OF HODGENVILLE, P.O. BOX 189, HODGENVILLE, KY 42748. RETURN **TOP COPY** WITH PAYMENT - IF NO TAX IS DUE, PLEASE WRITE 0 DUE AND RETURN. FOR MORE INFORMATION VISIT OUR WEBSITE AT WWW.HODGENVILLEKENTUCKY.ORG.

EMPLOYER'S COPY

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD
CITY ORDINANCE # 5-00
CITY OF HODGENVILLE, KY LICENSE FEE DIVISION

NAME _____ PERIOD BEGINNING — 10-01-16
ADDRESS _____ PERIOD ENDING — 12-31-16
RETURN DUE — 01-31-17

Total No. EMPLOYEES _____ Federal Employer ID# _____

- 1. TOTAL GROSS SALARIES PAID ALL EMPLOYEES _____
- 2. TAX DUE FOR QUARTER @.75% _____
- 3. PENALTY FOR LATE FILING (1% PER MONTH) _____
- 4. TOTAL AMOUNT DUE FOR THIS PERIOD (LINE 2 PLUS 3) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OF EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ TITLE _____ DATE _____

EMAIL ADDRESS: _____