

# CITY OF PERRYVILLE ANNUAL NET PROFITS RETURN

Remit payment to City of Perryville  
P O Box 95, Perryville, KY, 40468

This return is due on or before April 15, for calendar year.  
or within 105 days of the end of your fiscal year  
Attach copy of federal return to this form.

<u>Name &amp; Address of Business or Licensee</u>
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For Calendar or Fiscal Year Ended

\_\_\_\_\_

Mo                      Day                      Yr

A. Social Security # and/or Federal ID # \_\_\_\_\_

B. Principal Business Activity \_\_\_\_\_

C. Business Classification: \_\_\_Corporation \_\_\_Partnership  
                                   \_\_\_Individual \_\_\_Fiduciary \_\_\_Other

D. Contact phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

E. Date business began in City of Perryville \_\_\_\_\_

Did you make payments in the sum of \$600 or more to any individual for services rendered in the City of Perryville? (do not include employees)    \_\_\_yes    \_\_\_no  
 If yes, you are required to file appropriate Form 1099.

- |   |          |
|---|----------|
| 1. Total salaries, wages, commissions and other compensation paid to all employees for services within City of Perryville | \$ _____ |
| 2. Tax due at 1.5% (line 1 x .015)  | \$ _____ |
| 3. Total taxes, or estimated taxes, paid during year  | \$ _____ |
| 4. Balance (line 2 minus line 3)  | \$ _____ |
| 5. Total net profit or gain from any trade, occupation or profession within City of Perryville                            | \$ _____ |
| 6. Tax due at 1.5% (line 5 x .015)  | \$ _____ |
| 7. Total tax due (line 4 plus line 6)   | \$ _____ |
| 8. Penalty, \$25  | \$ _____ |
| 9. Interest at 1% per month   | \$ _____ |
| 10. Total due (line 7 plus line 8 plus line 9)  | \$ _____ |

**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 of Taxpayer                                      Title                                      Date

\_\_\_\_\_  
 Printed Name