MCLEAN COUNTY NET PROFIT LICENSE TAX RE P.O. BOX 128 CALHOUN KY 423			ETURN FOR YEAR:		(270) 273-9170 www.mcleancounty.ky.gov jbaldwin@mcleanky.com	
		FISCAL YEAR ENDED		1	1	
Name and Address of Business	ACCOUNT NUMBER	_	DUE DATE ERAL TAX DAY FILE DAT	/ TE, UNLESS FILING	/ G AN EXTENSION	
	<mark>!</mark>	DID YOUR BUS	SINESS ACTIVITY C	EASE IN MCL	EAN COUNTY?	
			YES	NO		
	C	Cease Date:				
INDICATE ANY NAME OR ADDRESS CHANGE ABOV	E	_				
COMPL	ITATION OF NET P	ROFIT LIC	ENSE TAX			
1. Total Gross Receipts/Income in McLea	an County					
(Business Income, Farm Income, Rer	-	\$				
2. Total Expenses in McLean County		\$				
3. TOTAL (Line1 less Line 2)		\$				
4. License Tax Due - 1% of line 3 <u>MAXIMUM DUE \$750.00</u> MININ	<u>1UM DUE \$50.00</u>	\$				
5. INTEREST for Late Payment - 1% Per	Month	\$				
6. PENALTY for Late Payment - 5% per i \$25.00 minimum, not to		\$				
7. Employees Occupational License Tax (Applicable if not paid on a Quarterly Basis) - 19	6 of Gross Wages	\$				
8. Credit (Prior Payment - Must Attach Pr	oof of Prior Payment)\$				
9. TOTAL AMOUNT DUE Line 4 + Line 5 + Line 6 + Line 7 - Line 8 = Line If a refund is due, please attach letter for reques		\$ r credit after 2 y	rrs of overpayment			
Please make checks payab	e and mail to: MCLE	P.0	ICENSE TAX ADMI . BOX 128 OUN KY 42327	NISTRATOF		
I hereby certify that the statements made herein a	ind in any supporting docume	ents are true, corre	ect, and complete to th	e best of my kno	wledge.	
Date	Taxpayer Signatu			Title		
Firm Name and Address:						
Date: Sig	nature of Preparer:				P Rev. 9/16/2021	