

**CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002
PHONE (606)756-2183 FAX (606)756-2185 E-MAIL gengland@augustaky.com**

ANNUAL OCCUPATIONAL LICENSE TAX RETURN FOR _____ *

1. Net income for last fiscal year (same as reported for Kentucky Income Tax purposes,
Without deduction of taxes based on income) \$ _____
2. Income outside of City of Augusta Limits (Certify income
Received inside city limits per ordinance on attachment) \$ _____
3. Adjusted net income (Line 1 minus line 2) \$ _____
4. License fee (1% of line 3, \$50.00 min, \$400.00 max) \$ _____
5. Penalty (Greater of 10% of unpaid license fee or \$10.00) \$ _____
6. Interest (10% annually on fee & penalty beginning 5/30/____) \$ _____
7. Total (including fee, penalty and interest, if applicable) \$ _____

If you believe you are exempt from this fee under the ordinance, please state why below. (If it is determined that you are not exempt, and you have not timely remitted the appropriate fee, you will be responsible for any applicable penalties and interest.)

REASON FOR EXEMPTION _____

I hereby certify that this return has been completed and examined by me and is to the best of my knowledge true and correct.

Signature

Date

NAME, ADDRESS & TELEPHONE NUMBER OF APPLICANT

Due Date: May 30th, _____. Make Check Payable to City of Augusta, 219 Main Street, Augusta, Ky 41002

*Those paying the maximum fee are not required to complete this form. Also, in lieu of this form, the taxpayer has the option of furnishing a sworn statement of a Certified Public Accountant declaring that same has examined the taxpayer's records and has made a determination that the net taxable income of the taxpayer as reported for Kentucky income tax purposes, excluding the deduction of taxes based on income is \$ _____.

STATEMENT CONCERNING INCOME RECEIVED INSIDE
CITY LIMITS OF AUGUSTA WHERE PORTION OF INCOME
IS CLAIMED TO BE OUTSIDE AUGUTA CITY LIMITS

I hereby attest, under oath, that the net profits from sales, deliveries, services, and taxable work and transactions consummated and performed within the City of Augusta for the undersigned's fiscal year _____ was \$ _____.

Signature

Date

State of _____

County of _____

I hereby certify that on this the _____ day of _____, 2010,
that _____ appeared before
me, and after being duly sworn, signed and acknowledged the above statement.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____