

# CITY OF COVINGTON, KENTUCKY

## NET PROFIT LICENSE FEE RETURN FORM OL-3

www.covingtonky.com

(859)292-2183

fax (859)292-2131

Taxable Year Ended		
Month	Day	Year

Print Business Name & Address

Business Entity:

Classification

- Individual  
 Partnership  
 Corporation  
 Other \_\_\_\_\_

Account #

Social Security# or  
Federal ID #

Remit To:

CITY OF COVINGTON  
20 W. Pike St.  
Covington, KY 41011

### Due the 15th Day of the 4th Month Following the Close of the Taxable Year

Final Return (Check only to inactivate account. Complete Question E)     No business activity within Covington during tax year

- A) If business entity is exempt from net profit license fee, state why.     Total gross residential rents from 1 unit < \$6,000  
 Nonprofit entity with no unrelated business income     No business activity     Other \_\_\_\_\_
- B) Business Phone # \_\_\_\_\_    C) Principal business activity \_\_\_\_\_
- D) Did the Business have employees working within Covington during the taxable year? \_\_\_\_\_ If Yes, Indicate the number \_\_\_\_\_
- E) If business activity was discontinued within the City during the year, state when and why \_\_\_\_\_  Dissolution  
 Sale. If by sale, give name and address of successor \_\_\_\_\_  Other \_\_\_\_\_
- F) Is the Business Entity an Affiliate of a Consolidated Corporate Federal Return?     No     Yes (If Yes, See Specific Instructions)

**\*\* IMPORTANT \*\***

**PART IV: FEE COMPUTATION**

Attach  
Federal Return

- Schedule C  
 Schedule E  
 Form 4797  
 Form 6252  
 Form 1065  
 Form 1120S  
 Form 1120  
 Form 8825

Other \_\_\_\_\_

- |   |  |
|---|--|
| 1) Adjusted Net Income (See Reverse, Line L of Part I)  |  |
| 2) Business Apportionment (Enter 100% or Line 4 of Part III)  |  |
| 3) Taxable Net Profit (Multiply Line 1 by Line 2)   |  |
| 4) Occupational License Fee (Multiply Line 3 by 2.5%)   |  |
| 5) Total Fees Due (Enter \$100 minimum or Line 4, whichever is greater, max \$40,000)                                     |  |
| 6) Less Estimated Payments and Credits  |  |
| 7) Balance Due  |  |
| 8) Penalty @ 5% per month or portion thereof (Minimum \$25, Max 25%)  |  |
| 9) Interest @ 1% per month from Due Date  |  |
| 10) Total Amount Due  |  |
| 11) Overpayment Claimed <input type="checkbox"/> Refund<br><input type="checkbox"/> Credit to next year estimated payment |  |

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

LICENSEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SS# \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_