MCCRACKEN COUNTY OCCUPATIONAL TAX RETURN

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR

	Yes	No
Please Note: Did you file an Annual License Fee Return for the Previous Year?	☐	☐
Do you have employees working in McCracken County including the City of Paducah?	☐	☐

(If yes, what is your Kentucky Withholding Tax Account Number? _____

If you are leasing employees, what is the name and address of that agency? _____

'CALENDAR/FISCAL YEAR ENDED'

MONTH	DAY	YEAR

If you have been granted an extension by the IRS, send a copy of this form along with a copy of your Federal Extension prior to due date.

ACCOUNT NO. _____

FED ID No _____

State ID No. _____

SSN _____

TaxPayer Phone No. _____

Please correct any errors in ownership, name or address.

1. Net Profits per Federal Return Form 1040 (Line 12) Enter profit or loss	**1.** _____
2. Income from Schedule C (Line 31) Schedule C-EZ (Line 3)	**2.** _____
3. Income from Schedule F (Line 36)	**3.** _____
4. Income from Schedule E (Line 26)	**4.** _____
5. Income from Form 1065 Partnership (Line 22)	**5.** _____
6. Form 1120 (Line 28) Form 1120S (Line 21) Form 1120A (Line 24)	**6.** _____
7. Total of Lines 1 thru 6	**7.** _____
8. Income earned outside McCracken County - Attach Schedule showing computation	**8.** _____
9. Income earned in McCracken Co. including the City of Paducah	**9.** _____
(Line 7 minus line 8) if less than $2,500.00 no Tax Due	
10. License Fee (of line 9)	**10.** _____
11. Business License paid to City of Paducah or Lone Oak *During fiscal year above*	**11.** _____
12. License Fee due McCracken Co. (line 10 minus line 11) not less than zero	**12.** _____
13. Agricultural employees annual withholding (taxpayers with five or less employees	**13.** _____
Total Agricultural Wages _____ X 1%	
14. Less estimated payments. (If applicable.)	**14.** _____
15. Total License withholding due (line 12 and 13 minus line 14)	**15.** _____
16. Penalty: Per month of line (15) (Not less than $25)	**16.** _____
17. Interest:1.00% per month of line (15) after 01 01 2001	**17.** _____
18. Total Payment due (add lines 15, 16 and 17)	**18.** _____

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Make payments and mail to: MCCRACKEN COUNTY TAX ADMINISTRATOR
P O BOX 2658
PADUCAH KY 42002-2658
Phone: (270) 444-4722
www.mccrackenfiscalcourt.com

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____ Title _____ Date _____

THIS FORM MUST BE SIGNED AND ACCOMPANY YOUR REMITTANCE

Taxpayer Note: Make a copy of this form for your records.

Form #B1 Revised 10/08