

**CITY OF FRANKLIN, KY**  
**2008 GROSS RECEIPTS LICENSE FEE RETURN**

**EVERY PERSON WHOSE EARNINGS OR GROSS RECEIPTS ARE SUBJECT TO THE BUSINESS LICENSE FEE SHALL, ON OR BEFORE APRIL 15<sup>TH</sup> OF EACH YEAR, FILE A RETURN WITH THE CITY.**

**Account #** \_\_\_\_\_

**Name:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**FED ID or SS #** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Mailing Address, if different:**

\_\_\_\_\_

\_\_\_\_\_

**GROSS RECEIPTS (EARNED OR CONTRACTED IN CITY OF FRANKLIN, KENTUCKY) FOR CALENDAR YEAR JANUARY 1 THRU DECEMBER 31.**

- |  |       |                       |       |
|--|-------|-----------------------|-------|
| <b>3. Gross Receipts (<u>up to first \$1,000,000</u>)</b>                | _____ | x .0006 = \$          | _____ |
| <b>4. Gross Receipts &gt; \$1,000,000 &lt; \$10,000,000</b>              | _____ | x .0001 = \$          | _____ |
| <b>5. Gross Receipts &gt; \$10,000,000</b>                               | _____ | x .00005 = \$         | _____ |
| <b>6. Total Business Fees for Year (Sum of Line 3, 4, &amp; 5) .....</b> |       | \$                    | _____ |
| <b>7. Deduct prepaid minimum 2008 License Fee.....</b>                   |       | \$                    | _____ |
| <b>8. If Line 6 is less than line 7, enter 0</b>                         |       | \$                    | _____ |
| <b>9. Penalty 2% PER MONTH</b>   |       | \$                    | _____ |
| <b>10. Interest 1% PER MONTH</b>   |       | \$                    | _____ |
| <b>11. <u>LATE FILING FEE (filing after 4-15 w/out extension)</u></b>    |       | <b><u>\$10.00</u></b> |       |
| <b>13. TOTAL FEE, PENALTY &amp; INTEREST DUE</b>                         |       | \$                    | _____ |

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. DECLARATION OF PREPARER (OTHER THAN OWNER) IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.**

\_\_\_\_\_  
**BUSINESS REPRESENTATIVE**

\_\_\_\_\_  
**PREPARER**

\_\_\_\_\_  
**DATE**

**Please Remit To:**  
**City of Franklin**  
**PO Box 2805**  
**Franklin, KY 42135**  
**Phone: (270) 586-4497**

**ALL INFORMATION PROVIDED HEREIN SHALL REMAIN CONFIDENTIAL**  
**PURSUANT TO ORDINANCE NO. 220.10-6-92 SECTION XXXVI**