

CITY OF CLINTON, KENTUCKY
ANNUAL OCCUPATIONAL LICENSE TAX RETURN

Pursuant to City of Clinton Ordinance 2000-04-02 / Amended Ordinance 2023-08-04

TAX PERIOD (Check One)

Tax Year: _____

BUSINESS/TAXING AGENCY INFORMATION

Business/Agency Name:	Federal ID No./ FEIN:
Mailing Address:	Phone:
City, State, Zip:	Email:

COMPUTATION OF TAX AMOUNT

1. Total Net Profit (attach return)	\$
2. Net Profit subject to City (lesser of line 1 or \$40,000)	\$
3. Tax Due at 1% (not to exceed \$400)	\$
4. Interest (0.5% per month) after due date	\$
5. Penalty (1% per month, not to exceed 10%)	\$
6. Total Taxes Due Including Interest or Penalty	\$

IMPORTANT REMINDERS

- This form is to be completed for a single employee only. A separate form is required for each additional employee.
- If this form is ZERO, it must still be completed, marked NONE, and returned with an explanation.
- Net profits limited to \$40,000.
- Max tax \$400 per business

CERTIFICATION

I hereby certify that the information and states contained herein and any schedules or exhibits attached hereto are true and correct.

Printed Name:	Official Title:
Signature:	Date:

RETURN FORM AND PAYMENT TO

City Of Clinton P.O. Box 303 Clinton, KY 42031	Phone: (270) 653-6419 Fax: (270) 653-6422 Email: kwilson.cityofclinton@outlook.com
--	--