



# NET PROFITS FORM

City of Hillview, 283 Crestwood Lane, Louisville, Kentucky 40229

Office: (502) 957-5280

Fax: (502) 955-5673

Check if "Final Return" Date Operations Ceased: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *(Required to close account)*

Check in "No Activity" for the year

Check if change of address is below

Check if this is an amended return

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_

1. Amount of Gross Income • This income was reported to you on Form W-2, or if self employed it will be the amount found on the Federal Form 1040 Schedule C.	\$
2. Total expenses to operate business	\$
3. Net profit (or loss). Subtract Line 2 from Line 1	\$
4. Net profit tax at 1.8%. Multiply Line 3 by 1.8%	\$
5. Penalty (10% of Line 4) if paid after April 15 <sup>th</sup>	\$
6. Total (including penalty if due)	\$



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I certify, under penalty of perjury, the information provided and the attached supporting schedules are true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Preparer's Printed Name

\_\_\_\_\_  
Federal ID #

\_\_\_\_\_  
Preparer's Signature (Return must be signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensee's Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Licensee (Return must be signed)

\_\_\_\_\_  
Date

This return, a copy of your Federal Income Tax Form 1040 Schedule C, and your check made payable to the *City of Hillview* **MUST** be received in our office no later than April 15<sup>th</sup> to avoid penalties and interest.