

**HICKMAN COUNTY OCCUPATIONAL TAX RETURN**

**This return is due on or before April 30<sup>th</sup> for the calendar year or within 105 days of the end of your fiscal year.**

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.

NAME & ADDRESS  
OF EMPLOYER:

FED ID NO. \_\_\_\_\_  
STATE ID NO. \_\_\_\_\_  
SSN \_\_\_\_\_

**PLEASE CORRECT ANY ERRORS IN OWNERSHIP, NAME OR ADDRESS.**

- 1. Taxable income per Kentucky Form ( )720 ( )720S. Enter profit or loss 1. \_\_\_\_\_
- 2. Income from Schedule C enter profit or loss. 2. \_\_\_\_\_
- 3. Income from Schedule F enter profit or loss. 3. \_\_\_\_\_
- 4. Income from Schedule E enter profit or loss. 4. \_\_\_\_\_
- 5. Partnership Earnings before any guaranteed payments to partners 5. \_\_\_\_\_
- 6. Other Income 6. \_\_\_\_\_
- 7. Total of Lines 1 thru 6. 7. \_\_\_\_\_
- 8. Income earned outside of Hickman County (attach Schedule showing computation) 8. \_\_\_\_\_
- 9. Income earned in Hickman Co. including the City of Clinton  
(Line 7 minus line 8) 9. \_\_\_\_\_
- 10. License Fee (1.00% of line 9) 10. \_\_\_\_\_
- 11. Interest: 1.00% per month of line (10) after 04-30 11. \_\_\_\_\_
- 12. Total Payment due (add lines 10 and 11) 12. \_\_\_\_\_

**THIS RETURN IS DUE ON OR BEFORE APRIL 30<sup>TH</sup> FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF THE FISCAL YEAR.**

**\_\_\_\_\_ BY CHECKING HERE AND ENCLOSING MY CHECK IN THE AMOUNT OF \$750.00, I HEREBY PAY THE MAXIMUM NET PROFIT TAX DUE OF (\$750.00), AND WAIVE THE FILING OF ANY DOCUMENTS WHATSOEVER.**

**ORDINANCE READS: ANYONE WHO OWES TWENTY- FIVE (\$25.00) DOLLARS OR LESS IN A REPORTING YEAR SHALL BE EXEMPT FROM THE REQUIREMENTS OF THIS ORDINANCE.**

MAKE PAYMENTS AND MAIL TO: HICKMAN COUNTY TAX ADMINISTRATOR  
116 SOUTH JEFFERSON STREET  
CLINTON KY 42031

PHONE # (270) 653-6195

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.