

(Office Use Only)

Verified By

# CITY OF PRINCETON NET PROFIT LICENSE FEE RETURN

Calendar Year Ended December 31, 20\_\_ Or Fiscal Year Ended \_\_\_\_\_ 20\_\_

Under Ordinance 07-07-2008-1

Cashier Or

<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	Name	Soc. Sec. or Fed. Identification
<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Number and Street	Check Which: Corporation <input type="checkbox"/> Fiduciary <input type="checkbox"/>
Date Started	City or Town, State and Zip Code		Partnership <input type="checkbox"/> Other <input type="checkbox"/> Proprietorship <input type="checkbox"/>

Did you have any employees for year being reported? Yes No (circle one)

## SCHEDULE A: Computation of License Fee

1. Gross Income Per Federal Return (See Instructions Page 2).....	\$ _____
2. Total Deductions Per Federal Return.....	_____
3. Net Income Per Federal, Form 1040-Sch. C _____; 1041 _____; 1065 _____; 1120 _____; 1120-S _____	_____
4. Add Expenses Not Deductible Under License Fee Ordinance (Schedule B).....	_____
5. Total (Add Line 4 to Line 3) .....	_____
6. Deduct Income Not Subject Under License Fee Ordinance (Schedule B) .....	_____
7. Adjust Income (Subtract Line 6 from Line 5).....	_____
8. Percent (Schedule C).....	_____
9. Net Profits Subject To License Fee (Multiply Line 7 By Line 8).....	_____
10. License Fee @ 1.5% of Line 9 .....	_____
11. Interest 1% Per Month or Portion of a Month.....	_____
12. Penalty 5% Per Month, Not Exceeding 25%: Minimum of \$25 .....	_____
13. Total (Add Lines 10 Through 12 -- If less than \$50, a minimum fee of \$50 is due.) .....	_____
14. Less Credits for Minimum License Fees and/or Estimated Payments .....	_____
15. Balance Due (Subtract Line 14 From Line 13) .....	_____

## SCHEDULE B: Do Not Complete If You Are a Proprietorship

Expenses Not Deductible	Income Not Subject To Tax
1. State and Local Income Tax ..... \$ _____	1. Interest Income .....
2. License Fee Under This Ordinance .....	2. Dividend Income .....
3. Net Loss From Capital Assets .....	3. Net Gain From Capital Assets .....
4. Ordinary Losses (Form 4797) .....	4. Ordinary Gain (Form 4797) .....
5. Net Operating Loss Deduction .....	5. Other Items (Attach Schedule) .....
6. Partner's Salaries .....	6. Total (Enter Schedule A Line 6) .....
7. Other Items (Attach Schedule) .....	
8. Total (Enter Schedule A Line 4) .....	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Please Sign Here

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Preparers Signature

Signature \_\_\_\_\_ Date \_\_\_\_\_