

DECLARATION OF ESTIMATED NET PROFIT LICENSE FEE

Calendar year ended December 31, \_\_\_\_\_ of fiscal year ended \_\_\_\_\_

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

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

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

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Estimated Total Net Profit for Year: \_\_\_\_\_

2. Net Profit License Fee (2.0% of Line 1) or \_\_\_\_\_

Business License, whichever is greater (\$100.00)

**Credits**

(a) Overpayment as shown on Year: \_\_\_\_\_

Net Profit Return (allowable only if credit was elected on return)

(b) Minimum Annual Fee (\$100.00) \_\_\_\_\_

3. Total Credits \_\_\_\_\_

4. Balance (Line2, less Line 3) \_\_\_\_\_

One-fourth of Line 4 to be paid quarterly  
April 30 \_  
July 31 \_  
October 31 \_  
January 31 \_

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF ASHLAND

I hereby certify that the statements made herein, and in any supporting documents are true, correct and complete to the best of my knowledge.

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

For Internal Use Only

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