CITY OF CADIZ
2010 PRIVILEGE LICENSE TAX RETURN

P.O. Box 1465, Cadiz, KY 42211 270-522-8244 www.cadiz.ky.gov

Effective April 15, 2010 – April 15, 2011

Business Name _____ Owner _____

Physical Address _____
street city state zip

Mailing Address _____
street city state zip

Phone (____)_____ Fax _____ Cell _____

Number of Employees in Cadiz _____ Business Classification: **Retail**

1.	Gross Receipts for calendar year 2009 inside Cadiz ***2. Documentation required to verify gross receipts**	
2.	2009 Sales & Excise Taxes Paid inside Cadiz	
3.	2009 Returns & Allowances inside Cadiz	
4.	Subtract Lines 2 & 3 from Line 1	
5.	Line 4 Multiplied by: Retail **.1%**(example: $100,000. x .1% = $100.00)	
6.	**Minimum License Fee**	**$50.00**
7.	Enter **Larger** of Line 5 **or** Line 6	
8.	**Maximum License Fee: Retail - $1250.00**	**$1250.00**
9.	Enter **Smaller** of Line 7 **or** Line 8	
10.	**If paid after 4-15-10 ADD penalty @ Line 9 X 5% (Minimum - $25.00)**	
11.	**If paid after 4-15-10 ADD interest @ Line 9 X 1% X each full month or part month after 4-15-10**	
12.	**TOTAL DUE (ADD LINES 9, 10 & 11)**	

Final Return?_____Date Business Closed or Sold_____

Signature_____Date_____

Printed Signature_____Title_____

Submission of completed form is required. Incomplete form will be returned.
Self addressed stamped envelope is required to receive your copy by mail.

Include with this completed form:

1. Check for Total Due made to "City of Cadiz"
***2.** Copy of 2009 Federal Tax Form **OR** List of Jobs inside Cadiz (if you work both inside and out)
3. List of all vendors/suppliers, and contractors coming into Cadiz that are paid by you **(optional)**