



**CITY OF FLORENCE, KENTUCKY
2025 ANNUAL RENEWAL –
OCCUPATIONAL LICENSE**

Due the 15th day of the 4th month following the close of the taxable year end

Business name: _____
Address: _____
Address: _____
City/State/Zip: _____

Tax year ended: _____
Due date: _____
Federal ID/SS #: _____
Phone #: _____

Business Entity
Classification:
 Individual
 Partnership
 Corporation
 LLC
 Other

Make payable to: City of Florence
Remit form to: P.O. Box 49 Burlington, KY
41005-0049

See reverse side for instructions

COPY OF DOCUMENTATION MUST ACCOMPANY THIS RETURN. SEE REVERSE SIDE FOR LIST OF ACCEPTABLE DOCUMENTATION.

* Instructions for the below can be found on the reverse side.

Round to nearest \$

1. Total gross receipts as defined per instructions on reverse side	\$
2. Allocation percentage from Schedule A or 100% if all receipts were earned in the City of Florence	%
3. Gross receipts derived in City (multiply Line 1 times Line 2)	\$
4. Amount of tax due – (Minimum \$40/Maximum \$10,000)	\$
5. Game machine tax	\$
6. Duplicate fee	\$
7. Adjustment	\$
8. Sub-total (Add Lines 4 thru 7)	\$
9. Penalty (5% per month not to exceed 25%; however Minimum is \$25.00)	\$
10. Interest (1% per month)	\$
11. Total amount due (Add Lines 8 thru 10)	\$

Any business entity claiming a deduction for gross receipts outside of the City MUST complete Schedule A - Computation of Business Apportionment.

Did you have any employees during calendar 2024? Y or N

Did you rent or lease real estate property during 2024? Y or N

If yes, Landlord Name & Address: _____

Did you issue any 1099 forms during 2024 for work performed in Florence? Y or N

If yes, please provide a copy of the 1099 forms that were issued.

Is the business continuing to operate within the City of Florence during the 2025 tax year? Y or N

If no, date business closed:

Signed: _____
Print name: _____

Official Title: _____
Date: _____

I DECLARE, UNDER THE PENALTIES OF PERJURY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. I AM DULY AUTHORIZED TO SIGN THIS RETURN.

OCCUPATIONAL LICENSE RETURNS WITHOUT DOCUMENTATION WILL NOT BE RENEWED.

INSTRUCTIONS

License Renewal: All Occupational Licenses expire the 15th day of the fourth month following the close of the taxable year end. A renewal return form is available on-line at www.florence-ky.gov under the Finance tab.

Line 1. TOTAL GROSS RECEIPTS.

Total Income is defined as Total Receipts or Sales less Returns and Allowances, plus Gross Rents, as reported on the last filed Federal Income Tax Return. If a new business has not filed its first Federal Income Tax Return, then the business must use the estimates stated on the application.

Individuals – 2024 Federal Income Tax Return, Form 1040, Schedule C, Line 3(Schedule C-EZ, Line 1) and/or schedule E, Line 3 totals, or equivalent line on last filed return.

Partnerships – 2024 Federal Income Tax Return, Form 1065, Line 1C plus Form 8825, Line 2 total or equivalent line on last filed return.

Corporations – 2024 Federal Income Tax Return, Form 1120 or Form 1120-A, Line 1C plus Line 6 or equivalent line on the last filed return.

S Corporations – 2024 Federal Income Tax Return, Form 1120S, Line 1C plus Form 8825, Line 2 total or equivalent lines on last filed return.

Line 2. ALLOCATION PERCENTAGE – Prepare Schedule A if gross receipts were earned outside of the City.

Line 3. GROSS RECEIPTS DERIVED IN CITY – Multiply Line 1 times Line 2.

Line 4. AMOUNT OF CITY OF FLORENCE OCCUPATIONAL LICENSE FEE DUE

Round to Nearest \$

A. Total Gross Receipts Derived in City (Line 3)	
B. Rate	X .001
C. Fee Amount* (Enter this amount on Line 4) *Enter no less than \$40.00 or more than \$10,000	

Line 5. AMUSEMENT GAME MACHINE LICENSE. \$10.00 per machine. Attach list including location of games:

A. Do you own the Amusement game machines? **Y or N**

B. If NO, then list the name, address and telephone number of the owners.

Line 6. DUPLICATE LICENSE FEE. Anyone conducting business at more than one location (in the City of Florence) is required to post a duplicate license at each additional location. The charge for a duplicate license is \$25.00 per location.

Line 7. ADJUSTMENT. The license tax for each license year shall be computed based upon the income shown on the last Federal income tax return filed by the business. A new business, defined as one which has not yet filed a Federal tax return with respect to income from operations in the City, shall estimate license fees based on projected first year income as stated on the license application. Upon filing its first Federal tax return, the business shall report the applicable amount of income to the Finance Department and either pay an additional fee or receive a corresponding credit based on the difference between the original fee paid and what should have been paid, had the amount of income been known at the time of application. If an underpayment has occurred, penalty and interest shall be assessed on the amount of the difference.

Line 8. SUB-TOTAL. Lines 4 thru 7 added.

Line 9. PENALTY. If the total tax is not remitted to the City of Florence by the due date, there is a minimum penalty of \$25.00 or 5% of the tax due for each month or a fraction thereof. The penalty shall not exceed 25% of the total tax due.

Line 10. INTEREST. If the total tax due is not remitted to the City of Florence by the due date, the entity shall pay in addition to the penalty, an amount equal to one(1%) percent per month or fraction thereof simple interest on the tax due from the time due until the tax is paid to the City.

Line 11. TOTAL CITY OF FLORENCE OCCUPATIONAL LICENSE FEE. Lines 8 thru 10 added.

ADDITIONAL INFORMATION or copies of the coded ordinance are available by contacting the Finance Department, telephone (859) 647-5413 – or 8100 Ewing Blvd., Florence, Kentucky 41042-7588. www.florence-ky.gov



2025 SCHEDULE A Computation of Business Apportionment Worksheet

Due the 15th day of the 4th month following the close of the taxable year end

Business name: _____
 Address: _____
 Address: _____
 City/State/Zip: _____

Tax year ended: _____
 Due date: _____
 Federal ID/SS #: _____
 Phone #: _____

Business Entity
 Classification:
 Individual
 Partnership
 Corporation
 LLC
 Other

**Remit to: City of Florence
 P.O. Box 49 Burlington, KY
 41005-0049**

This form **MUST** accompany our 2025 Annual Renewal
 Occupational License form and the businesses 2024 Federal Return

All licensees whose business operations were not conducted entirely in the City of Florence must complete this form (Carry to three decimal places in Column C)			
Apportionment Factors	Column A City of Florence	Column B Everywhere <small>(including Florence)</small>	Column C Columns (A / B = C)
1. Gross Receipts from sales or services made and/or services rendered	\$	\$	%
2. Gross Compensation including wages, salaries and other compensation paid to all employees	\$	\$	%
3. Total Percentages <small>(Add Lines 1 and 2 of Column C)</small>	N/A	N/A	%
4. BUSINESS APPORTIONMENT If your business had both a gross receipts and a wage factor in the City of Florence (Column A) divide line 3 by the number 2. <small>If the business had only a gross receipts factor and/or only a wage factor in the City of Florence, then enter the single percentage from line 3. (Use this percentage on line 2 of the annual renewal form)</small>			%