

CITY OF FLATWOODS
DECLARATION OF ESTIMATED GROSS RECEIPTS LICENSE FEE

BUSINESS NAME: _____

OWNER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

REPORT TOTAL ESTIMATED RECEIPTS FOR THE FOLLOWING PERIOD:

FISCAL YEAR

JULY 1, THROUGH JUNE 30, _

- | | |
|---|----------|
| 1. ESTIMATED GROSS RECEIPTS FOR THE ABOVE PERIOD | \$ _____ |
| 2. LICENSE FEE DUE (BASED ON SCHEDULE ON BACK) | \$ _____ |
| 3. LESS CREDIT BALANCE CARRY-OVER (IF APPLICABLE) | \$ _____ |
| 4. NET LICENSE FEE DUE (LINE 2 LESS LINE 3) | \$ _____ |

QUARTERLY PAYMENTS DUE ON OR BEFORE:

OCTOBER 15, JANUARY 15, APRIL 15, JULY 15,

PLEASE MAKE CHECK PAYABLE TO:

CITY OF FLATWOODS
2513 REED STREET
FLATWOODS, KY 41139

(PLEASE KEEP A COPY FOR YOUR FILES)