

**CITY OF CADIZ**

P.O. Box 1465, Cadiz, KY 42211

270-522-8244

www.cadiz.ky.gov

**PRIVILEGE LICENSE TAX RETURN**

**Previous Years Gross Receipts of Rental Property in Cadiz, Kentucky**

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: **Rental**

<b>1.</b>	<b>Gross Receipts for calendar year inside Cadiz</b> <b>*2. Documentation required to verify gross receipts</b>	
<b>2.</b>	<b>Multiply Line 1 by .1% ( example: \$100,000. x .1% = \$100.00)</b>	
<b>3.</b>	<b>Minimum License Fee</b>	<b>\$50.00</b>
<b>4.</b>	Enter <b>Larger</b> of Line 3 <b>or</b> Line 4	
<b>5.</b>	<b>Maximum License Fee: Retail - \$1250.00</b>	<b>\$1250.00</b>
<b>6.</b>	Enter <b>Smaller</b> of Line 4 <b>or</b> Line 5	
<b>7.</b>	<b>If paid after 4-15 ADD penalty @ 5% X Line 9 (Minimum - \$25.00)</b>	
<b>8.</b>	<b>If paid after 4-15 ADD interest @ 1% X Line 9 per month or part month</b>	
<b>9.</b>	<b>TOTAL DUE ( ADD LINES 9, 10 &amp; 11 ) Make checks to "City of Cadiz"</b>	
<b>Final Return? Date Business Ceased Operation in Cadiz</b>		

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

Printed Signature \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_

**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 Federal Tax Form – only page(s) listing rental income property and gross rental(s) received during reporting tax year.