

Tax District Name (See instructions)

Tax District Address

Tax District Code (See instructions)

Department Use Only—Do not write or staple in this space.

Taxpayer Name

Trade Name

Address

Address 2

City  State  Zip Code  -

**Filing Status:**

**Filing Status Change?** YES  NO

**Check one box only**

Individual Resident

Individual Non-Resident

Corporation

Partnership

S Corp

Other

**Tax District Account Number**

**Method of Accounting**

Fed ID  SSN

Accrual  Cash

**Check all that apply**

No Activity

Amended

Fed ID Change (Complete Line F)

Final (Complete Line G)

Name Change

Address Change

**A** Principal business activity

**B** Did you have employees during the past year?  
Number of employees who worked in this locality

**C** Did you make payments in the sum of \$600.00 or more for services rendered in this locality to any individual other than an employee? **If "YES", submit copy of 1099s to local tax district.**

**D** Did you file a consolidated C - Corporation federal return? **If "YES", see instructions.**

**E** During the past year, did IRS change or propose to change net income reported for that year or any prior year? **If "YES", attach statement.**  
Which year(s)?

**F** If Federal ID changed, list the name of new entity :

**G** If final return, state reason for discontinuance :   
List successor if sold:

**H** List Principal Administrative Officer's Name, Address, and Social Security Number:  
Name   
Address   
Address 2   
City  State  Zip Code  -

NAICS Code:

YES NO

YES NO

YES NO

Ownership Change Date:  
 /  / 20

Discontinuance Date:  
 /  / 20

SSN:

Taxpayer Name <input style="width: 95%; height: 20px;" type="text"/>	
Tax District Name <input style="width: 95%; height: 20px;" type="text"/>	
Tax District Account Number <span style="margin-left: 100px;">For Year Ending</span> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / 20 <input style="width: 30px; height: 20px;" type="text"/>	
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**Section 1: Occupational License Fee Calculation**

<b>1</b> Enter <b>Adjusted Gross Receipts</b> from Schedule G or <b>Adjusted Net Profit</b> from Schedule N	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>2</b> Enter apportionment percentage or 100% from page 3, Section 2, Line 4.	<input style="width: 80%; height: 20px;" type="text"/> %
<b>3</b> Enter Taxable Gross Receipts or Net Profit (Line 1 X Line 2)	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>4</b> <b>License Fee</b> (Line 3) X tax rate of <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> % <b>(See Instructions)</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>5</b> If tax district has a minimum tax, enter here. <b>(See Instructions)</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>6</b> If tax district has a maximum tax, enter here. <b>(See Instructions)</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>7</b> <b>Sub Total Amount:</b> a. If the tax district does not have a minimum or maximum tax, enter value from line 4. b. If line 4 is less than 5, enter line 5 here. c. If line 6 is greater than zero and line 4 is greater than line 6, enter line 6 here.	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>8</b> Enter Non-Refundable Credits. <b>(See Instructions for those specific districts, e.g. Laurel County)</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>9</b> <b>Subtotal:</b> Subtract line 8 from line 7. Cannot be less than zero.	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>10</b> If applicable enter Line 6 from Schedule W.	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>11</b> Subtotal: Add Line 9 and Line 10.	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>12</b> Enter estimated payments and/or prior year credits.	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>13</b> <b>Occupational License Fee Due.</b> (Subtract line 12 from line 11)	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>14</b> <b>Penalties</b> - If applicable. <b>(See Instructions)</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>15</b> <b>Interest</b> - If applicable. <b>(See Instructions)</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>16</b> <b>Additional fees due:</b>  <b>STOP:</b> Additional fees may apply per local tax district. See instructions for additional tax district amounts due, such as next year minimum, privilege taxes, or regulatory fees	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>17</b> <b>Total Amount Due.</b> Add lines 13, 14, 15, and 16 <b>(See above)</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
<b>18</b> <b>Overpayment.</b> If Line 17 is less than zero enter application of overpayment here.	Credit to next year: \$ <input style="width: 80%; height: 20px;" type="text"/> .00  Refund: \$ <input style="width: 80%; height: 20px;" type="text"/> .00

Taxpayer Name <input style="width: 95%; height: 20px;" type="text"/> Tax District Name <input style="width: 95%; height: 20px;" type="text"/> Tax District Account Number      For Year Ending <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / 20 <input style="width: 30px; height: 20px;" type="text"/>	Department Use Only—Do not write or staple in this space.
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**Section 2: Apportionment Factors**      **Calculation of Apportionment Percentage - A taxpayer whose business activities were conducted in more than one tax district must complete this section.**

<b>Sales Factor</b> <small>(See Instructions)</small>	<b>1a Sales/Gross Receipts within the Tax District</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
	<b>1b Total Sales/Gross Receipts everywhere</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
	<b>1c Divide Line 1a by Line 1b</b>	<input style="width: 30%; height: 20px;" type="text"/> . <input style="width: 30%; height: 20px;" type="text"/> %
<b>Payroll Factor</b> <small>(See Instructions)</small>	<b>2a Payroll within the Tax District</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
	<b>2b Total Payroll everywhere</b>	\$ <input style="width: 80%; height: 20px;" type="text"/> .00
	<b>2c Divide Line 2a by Line 2b</b>	<input style="width: 30%; height: 20px;" type="text"/> . <input style="width: 30%; height: 20px;" type="text"/> %
	<b>3 Total Percentages (add line 1c + 2c)</b>	<input style="width: 30%; height: 20px;" type="text"/> . <input style="width: 30%; height: 20px;" type="text"/> %
	<b>4 Apportionment Percentage</b> - If both Lines 1(b) and 2(b) are greater than zero, divide entry on Line 3 by 2. Enter here. If either Line 1(b) or Line 2(b) is zero, enter the amount from Line 3 here. <small>EXAMPLE: "22.12345%"</small>	<input style="width: 80%; height: 20px;" type="text"/> %

**Section 3: Signature (return must be signed)**

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

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><small>Print Name</small></td> <td style="width: 35%; text-align: center;"><b>PREPARER</b></td> <td style="width: 50%;"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td><small>Preparer's Signature</small></td> <td colspan="2"><input style="width: 95%; height: 40px;" type="text"/></td> </tr> <tr> <td><small>Firm Name</small></td> <td colspan="2"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td><small>TIN</small></td> <td><small>Date:</small></td> <td><input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / 20 <input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <td><small>Address</small></td> <td colspan="2"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td><small>City</small></td> <td><small>State</small></td> <td><small>Zip Code</small></td> </tr> <tr> <td><input style="width: 60%; height: 20px;" type="text"/></td> <td><input style="width: 10%; height: 20px;" type="text"/></td> <td><input style="width: 30%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/></td> </tr> <tr> <td><small>Phone Number</small></td> <td colspan="2"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>	<small>Print Name</small>	<b>PREPARER</b>	<input style="width: 95%; height: 20px;" type="text"/>	<small>Preparer's Signature</small>	<input style="width: 95%; height: 40px;" type="text"/>		<small>Firm Name</small>	<input style="width: 95%; height: 20px;" type="text"/>		<small>TIN</small>	<small>Date:</small>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / 20 <input style="width: 30px; height: 20px;" type="text"/>	<small>Address</small>	<input style="width: 95%; height: 20px;" type="text"/>		<small>City</small>	<small>State</small>	<small>Zip Code</small>	<input style="width: 60%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/>	<small>Phone Number</small>	<input style="width: 95%; height: 20px;" type="text"/>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><small>Print Name</small></td> <td style="width: 35%; text-align: center;"><b>TAXPAYER</b></td> <td style="width: 50%;"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td><small>Taxpayer's Signature</small></td> <td colspan="2"><input style="width: 95%; height: 40px;" type="text"/></td> </tr> <tr> <td><small>Title</small></td> <td colspan="2"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td><small>SSN</small></td> <td><small>Date:</small></td> <td><input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / 20 <input style="width: 30px; height: 20px;" type="text"/></td> </tr> <tr> <td><small>Address</small></td> <td colspan="2"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td><small>City</small></td> <td><small>State</small></td> <td><small>Zip Code</small></td> </tr> <tr> <td><input style="width: 60%; height: 20px;" type="text"/></td> <td><input style="width: 10%; height: 20px;" type="text"/></td> <td><input style="width: 30%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/></td> </tr> <tr> <td><small>Phone Number</small></td> <td colspan="2"><input style="width: 95%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;">           Do you want to allow your tax preparer to discuss this return with the tax district agency?           <span style="float: right; margin-right: 20px;">YES <input style="width: 20px; height: 15px;" type="checkbox"/></span> <span>NO <input style="width: 20px; height: 15px;" type="checkbox"/></span> </td> </tr> </table>	<small>Print Name</small>	<b>TAXPAYER</b>	<input style="width: 95%; height: 20px;" type="text"/>	<small>Taxpayer's Signature</small>	<input style="width: 95%; height: 40px;" type="text"/>		<small>Title</small>	<input style="width: 95%; height: 20px;" type="text"/>		<small>SSN</small>	<small>Date:</small>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / 20 <input style="width: 30px; height: 20px;" type="text"/>	<small>Address</small>	<input style="width: 95%; height: 20px;" type="text"/>		<small>City</small>	<small>State</small>	<small>Zip Code</small>	<input style="width: 60%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/>	<small>Phone Number</small>	<input style="width: 95%; height: 20px;" type="text"/>		Do you want to allow your tax preparer to discuss this return with the tax district agency? 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You must attach all applicable federal returns and schedules.

Taxpayer Name

Tax District Name

Tax District Account Number  For Year Ending  /  / 20

Department Use Only—Do not write or staple in this space.

**Schedule N: Calculation of Adjusted Net Profit**

**\* Note: Some tax districts do not allow multiple individual schedules on the same worksheet. (See Instructions). Applies to lines 1-6.**

<b>1</b> *	If an <b>Individual</b> , enter non-employee compensation as reported on Form 1099-MISC and reported as other income on Federal Form 1040 ( <b>Attach</b> Form 1040 and applicable schedules)	\$ <input type="text"/> .00
<b>2</b> *	If an <b>Individual</b> , enter net profit or (loss) from Federal Schedule C of Form 1040 ( <b>Attach</b> Form 1040 and applicable schedules)	\$ <input type="text"/> .00
<b>3</b> *	If an <b>Individual</b> , enter capital gain from Federal Form 4797 or Form 6252 from the sale of property used in a trade or business reported on Schedule D on Form 1040 ( <b>Attach</b> Federal Schedules)	\$ <input type="text"/> .00
<b>4</b> *	If an <b>Individual</b> , enter rental income or (loss) from Federal Schedule E of Form 1040 ( <b>Attach</b> Form 1040 and applicable schedules)	\$ <input type="text"/> .00
<b>5</b> *	If an <b>Individual</b> , enter farm net profit or (loss) from Federal Schedule F of Form 1040 ( <b>Attach</b> Form 1040 and applicable schedules)	\$ <input type="text"/> .00
<b>6</b> *	If an <b>Individual</b> , enter ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 ( <b>Attach</b> Form 4797 and applicable schedules)	\$ <input type="text"/> .00
<b>7</b>	If a <b>Partnership</b> , enter ordinary income or (loss) from Federal Form 1065 ( <b>Attach</b> Form 1065 and applicable schedules)	\$ <input type="text"/> .00
<b>8</b>	If a <b>Corporation</b> , enter taxable income or (loss) from Federal Form 1120 or ordinary income or (loss) per Federal Form 1120S ( <b>Attach</b> applicable Federal Schedules)	\$ <input type="text"/> .00
<b>9</b>	State income taxes and occupational license fees deducted on the Federal Schedules C, E or F, or Federal Form 1065, 1120 or 1120S	\$ <input type="text"/> .00
<b>10</b>	If a <b>Partnership</b> or <b>S Corporation</b> , enter <b>additions</b> from Schedules K on Form 1065 or Form 1120S	\$ <input type="text"/> .00
<b>11</b>	If a <b>Corporation</b> , enter net operating loss deducted on Form 1120	\$ <input type="text"/> .00
<b>12</b>	<b>Total Income.</b> Add Line 1 through Line 11. (*See Note Above)	\$ <input type="text"/> .00
<b>13</b>	If a <b>Partnership</b> or <b>S Corporation</b> , enter <b>subtractions</b> from Schedule K of Form 1065 or Form 1120S	\$ <input type="text"/> .00
<b>14</b>	Alcoholic Beverage Sales Deduction (Line 5 from Schedule A)	\$ <input type="text"/> .00
<b>15</b>	Other Adjustments - <b>Attach</b> Schedule (See Instructions)	\$ <input type="text"/> .00
<b>16</b>	<b>Total Deductions.</b> Add Line 13 through Line 15	\$ <input type="text"/> .00
<b>17</b>	<b>Adjusted Net Profit.</b> Subtract Line 16 from Line 12. Enter here and on Page 2, Line 1	\$ <input type="text"/> .00

Taxpayer Name

Tax District Name

Tax District Account Number      For Year Ending  
 /  / 20

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**Schedule G: Calculation of Adjusted Gross Receipts**

**\* Note: Some tax districts do not allow multiple individual schedules on the same worksheet. (See Instructions). Applies to lines 1-5.**

<b>1</b>	* If an <b>Individual</b> , enter non-employee compensation as reported on Form 1099-MISC and reported as other income on Federal Form 1040 ( <b>Attach</b> Form 1040 and applicable schedules)	\$	<input type="text"/>	.00
<b>2</b>	* If an <b>Individual</b> , enter gross receipts from Federal Schedule C of Form 1040 ( <b>Attach</b> Form 1040 and applicable schedules)	\$	<input type="text"/>	.00
<b>3</b>	* If an <b>Individual</b> , enter capital gain from Federal Form 4797, Form 6252, and/or Schedule D for property used in a trade or business. ( <b>Attach</b> Federal Schedules)	\$	<input type="text"/>	.00
<b>4</b>	* If an <b>Individual</b> , enter rental gross receipts from Federal Schedule E of Form 1040 ( <b>Attach</b> Form 1040 and applicable schedules)	\$	<input type="text"/>	.00
<b>5</b>	* If an <b>Individual</b> , enter farm gross receipts from Federal Schedule F of Form 1040 ( <b>Attach</b> Form 1040 and applicable schedules)	\$	<input type="text"/>	.00
<b>6</b>	If a <b>Partnership</b> , enter gross receipts from Federal Form 1065 ( <b>Attach</b> Form 1065 and applicable schedules)	\$	<input type="text"/>	.00
<b>7</b>	If a <b>Corporation</b> , enter gross receipts from Federal Form 1120 per Federal Form 1120S ( <b>Attach</b> 1120 or 1120S and applicable Federal Schedules)	\$	<input type="text"/>	.00
<b>8</b>	If a <b>Corporation</b> , enter gross receipts from "Gross Rents" from Federal Form 1120 ( <b>Attach</b> Federal Form 1120)	\$	<input type="text"/>	.00
<b>9</b>	Gross Receipts from rental activity of a <b>Partnership or S Corporation</b> ( <b>Attach</b> Federal Form 8825 and other applicable schedules)	\$	<input type="text"/>	.00
<b>10</b>	<b>Total Gross Receipts.</b> Add Line 1 through Line 9	\$	<input type="text"/>	.00
<b>11</b>	Gross Alcoholic Beverage Sales within the Tax District	\$	<input type="text"/>	.00
<b>12</b>	Sales Tax included in Gross Receipts	\$	<input type="text"/>	.00
<b>13</b>	Returns and Allowances Deduction	\$	<input type="text"/>	.00
<b>14</b>	<b>Total Deductions</b> Add Lines 11 through Line 13	\$	<input type="text"/>	.00
<b>15</b>	<b>Adjusted Gross Receipts.</b> Subtract Line 14 from Line 10. Enter here and on Page 2, Line 1.	\$	<input type="text"/>	.00

Taxpayer Name <input style="width: 95%; height: 20px;" type="text"/>	
Tax District Name <input style="width: 95%; height: 20px;" type="text"/>	
Tax District Account Number <span style="margin-left: 100px;">For Year Ending</span> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / 20 <input style="width: 30px; height: 20px;" type="text"/>	
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**Schedule A: Calculation of Alcoholic Beverage Deduction (for use by Schedule N filers)**

<b>1</b> Kentucky Alcohol beverage sales		\$	<input style="width: 90%; height: 20px;" type="text"/>	.00
<b>2</b> Total sales		\$	<input style="width: 90%; height: 20px;" type="text"/>	.00
<b>3</b> Alcoholic Beverage percentage: Line 1 divided by Line 2			<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	%
<b>4</b> Adjusted Net Profit before Alcoholic Beverage Deduction Line 12 minus the sum of Line 13 and Line 15 from Schedule N.	This deduction may be taken only if the business had a profit	\$	<input style="width: 90%; height: 20px;" type="text"/>	.00
<b>5</b> Alcoholic Beverage Deduction Multiply Line 3 by Line 4. Enter Schedule N Line 14.		\$	<input style="width: 90%; height: 20px;" type="text"/>	.00

**Schedule W: Calculation of Gross Salaries, Wages, Tips, etc. (For Individual Filers Only)**

<b>1</b> Gross salaries, wages, tips, etc. reported on the Federal Form W-2 from which <b>no occupational taxes were withheld</b> , plus deferred compensation from 401 (k), 403 (b), or 457 plans.		\$	<input style="width: 90%; height: 20px;" type="text"/>	.00
<b>2</b> Related employee business expenses per Federal Form 2106 (Attach Form W-2 and Form 2106 unless already provided)		\$	<input style="width: 90%; height: 20px;" type="text"/>	.00
<b>3</b> Line 1 minus Line 2		\$	<input style="width: 90%; height: 20px;" type="text"/>	.00
<b>4</b> Total Days Worked in Locality <input style="width: 30px; height: 20px;" type="text"/> / Total Days Worked Everywhere <input style="width: 30px; height: 20px;" type="text"/>			<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	%
<b>5</b> Multiply Line 3 by Line 4		\$	<input style="width: 90%; height: 20px;" type="text"/>	.00
<b>6</b> Multiply Line 5 by tax rate of <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> % (See Instructions) Enter on Line 10 Section 1.		\$	<input style="width: 90%; height: 20px;" type="text"/>	.00