

FOR OFFICIAL USE ONLY



LOUISVILLE METRO REVENUE COMMISSION

FORM: OL-3

OCCUPATIONAL LICENSE TAX RETURN

CHECK IF 'FINAL RETURN' Date Operations Ceased: _____ (Required to close account.) CHECK IF 'NO ACTIVITY' FOR YEAR

CHECK IF CHANGE IN ADDRESS IS BELOW CHECK IF AMENDED RETURN ACCOUNT NUMBER _____

Name Encompass Develop, Design and Construct, LLC

Address 106 E Jefferson Street FOR YEAR ENDING (MM/DD/YYYY) _____

City La Grange State KY Zip 40031 12/31/2012

Federal ID 61-1346028 SSN _____ Phone No. _____ Ext _____

THE QUESTIONS BELOW MUST BE ANSWERED

- A Principal business activity: Construction
- B During the past year, did Federal Authorities change or propose to change net income reported for that year or any prior year? YES NO
If YES, which year(s) was adjusted? _____ (Attach statement of changes)
- C Corporation's Principal Administrative Officer: John Stewart SSN: 400-64-3801
Address: Company
- D Did you file a consolidated federal return? YES NO If YES, see instructions
- E Was there a change in ownership in the past year? YES NO If YES, when did the change occur? _____
Please enter name and address of new owner: _____

YES NO Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Louisville Metro, Kentucky, other than an employee? **IF YES, YOU ARE REQUIRED TO FILE FORM 1099-SF**

PAGE 2 MUST BE COMPLETED PRIOR TO COMPLETING THIS NEXT SECTION

25	Enter ADJUSTED NET PROFIT (From Line 20 on page 2 of this form)			\$	1,274,293.
Occupational License Tax Computations		COLUMN A Louisville Metro & Mass Transit Tax Rate = (.0145)	COLUMN B School Boards Tax Rate = (.0075)	IMPORTANT! Please write your account number on your check or money order made payable to: Louisville Metro Revenue Commission.	
26	Enter Apportionment Percentage from Line 24	7.95878 %	DO NOT COMPLETE COLUMN B IF NON-RESIDENT INDIVIDUAL		
27	Net Profits Allocation (Line 25 x Line 26) Enter in Cols A & B	\$ 101,418.	\$ 101,418.		
28	Enter result of Line 1(e)	\$	\$		
29	Enter the sum of Line 27 + Line 28 or Line 28, whichever is greater	\$ 101,418.	\$ 101,418.		
30	TAX CALCULATIONS - [Line 29, Column A x .0145] & [Line 29, Column B x .0075] Enter in proper column	\$ 1,471.	\$ 761.		
31	TOTAL OCCUPATIONAL TAX DUE - Sum of Columns A & B of Line 30 (If Line 31 is greater than \$5,000.00, see Exhibit "A" under Specific Instructions.)			\$	2,232.
32	Enter any credit due:				
	a. Prepayment of tax \$	b. Refund Due \$	c. Credit to next year \$		
33	BALANCE OF OCCUPATIONAL LICENSE TAX DUE [Line 31 minus Line 32(a)]			\$	2,232.
34	PENALTY AND INTEREST (See Instructions)			\$	
35	AMOUNT TO BE PAID (Add Lines 33 and 34)			\$	2,232.

I hereby certify, under penalty of perjury, that the information provided and the attached supporting schedules are true, correct, and complete to the best of my knowledge.

Preparer's Signature (Return must be signed.) _____ Date 03/19/14

Signature of Licensee (Return must be signed.) _____ Date _____

Curry, Drake and Associates, LLC P01315441
Print Name Federal ID

12700 Townepark Way, Danville Bldg
Louisville KY 40243
Address Phone No. (502) 254-6180

Print Name _____ Title _____

ATTENTION: Federal ID Numbers and Social Security Numbers must be supplied for both the Tax preparer and the Licensee.

MAILING ADDRESS: P.O. BOX 35410 • LOUISVILLE, KENTUCKY 40232-5410
Telephone: (502) 574-4860 • www.metrorevenue.org • Fax: (502) 574-4818 • taxhelp@metrorevenue.org • TDD: (502) 574-4811

Lines 1(a). through 1(e). apply only to individuals with income reported on Federal Form W-2 from which no occupational taxes were withheld.	
1a Gross salaries, wages, tips, etc. reported on the Federal Form W-2 from which no occupational taxes were withheld, plus deferred compensation from 401(K), 403(B) or 457 plans	1a
1b Related employee business expenses per Federal Form 2106 (Attach Form W-2 and Form 2106)	1b
1c Line 1(a) minus Line 1(b)	1c
1d If you did not own or operate a business during the year, compute the apportionment below for time spent in Louisville Metro, carrying the percentage out of five (5) decimal places. EXAMPLE: '.22.12345%' or '.2212345'	1d
$\frac{\text{Total Days Worked in Louisville Metro}}{\text{Total Days Worked Everywhere}} =$	
1e Multiply Line 1(c) by Line 1(d) and enter on Line 28, Columns A and B on page 1 Note: If you are a non-resident of Louisville Metro, Kentucky, leave Line 28, Column B blank	1e

COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES

	INDIVIDUAL	PARTNERSHIP	CORPORATION
2 Non-employee compensation as reported on Form 1099-Misc reported as 'other income' on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099)	2		
3 Net profit or (loss) per Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2, Schedule C-EZ)	3		
4 Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 or Form 6252)	4		
5 Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E)	5		
6 Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F, pages 1 and 2)	6		
7 Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Form 4797, Pages 1 and 2)	7		
8 Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2, 3, and 4, Schedule of Other Deductions, and Rental Schedule(s), if applicable)		8	
9 Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Fed Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120S, Pages 1, 2 and 3, Schedule of other Deductions, and Rental Schedule(s), if applicable)			9 1,240,545.
10 State Income Taxes and Occupational Taxes deducted on the Federal Schedule C, E, F, or Form 1065, 1120, 1120A, or 1120S	10	10	10 33,748.
11 Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)		11	11
12 Net Operating Loss deducted on Form 1120			12
13 TOTAL INCOME — Add Lines 2 through Line 12	13	13	13 1,274,293.
14 Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)		14	14
15 Alcoholic Beverage Sales Deduction (Attach Computation Sheet)	15	15	15
16 Other Adjustments (Attach Schedule)	16	16	16
17 Non-Taxable Income (Attach Schedule)		17	17
18 Professional Expenses not reimbursed by the Partnership (Attach Schedule of Expenses)		18	
19 TOTAL DEDUCTIONS — Add Lines 14 through Line 18	19	19	19
20 Adjusted Net Profit — Subtract Line 19 from Line 13. Enter here and on Line 25 on page 1. (Do not include the amount from Line 1(e).)	20	20	20 1,274,293.

COMPUTATION OF APPORTIONMENT PERCENTAGES

Businesses whose total gross receipts and payroll were not confined solely to Louisville Metro, Kentucky, must complete Lines 21-24. All Percentages in Column C must be carried out five (5) decimal places.			COLUMN C = Column A ÷ Column B
APPORTIONMENT CALCULATION	COLUMN A LOUISVILLE METRO, KY	COLUMN B TOTAL OPERATIONS EVERYWHERE	COLUMN C LOUISVILLE METRO %
21 Gross receipts from sales made and/or services rendered	21a \$ 6,121,031.	21b \$ 84,101,760.	21c 7.27813
22 Gross wages, salaries, and other compensation paid to all employees (See Instructions before completing)	22a \$ 205,600.	22b \$ 2,379,786.	22c 8.63943
23 TOTAL APPORTIONMENT PERCENTAGE for Louisville Metro, KY Add Lines (21c) and (22c)			23c 15.91756
24 APPORTIONMENT PERCENTAGE — [If both Lines (21b) and (22b) are greater than zero, divide entry on Line 23(c) by 2. Enter here and on Line 26 on page 1. If either Line 21(b) or Line 22(b) is zero, enter the amount from Line 23(c) here and on Line 26 on page 1] EXAMPLE: '.22.12345%' or '.2212345'			24c 7.95878