



ESTIMATED PAYMENT

For Net Profit License Fee Return

This is not an Extension Request, for future Estimated Payments ONLY.

City of Bowling Green Account Number: _____

Federal Identification Number: _____

Social Security Number: _____

Payment to be applied to Calendar or Fiscal Year Ending: _____

Business Name: _____

Business Address: _____

Check Number: _____ Amount: _____

Mail this completed form to: Attn: Deborah Lambert
City of Bowling Green KY
P O Box 1410
Bowling Green KY 42102-1410