



## 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