Constant Contraction	Georgetown	/Scott County Revenue Con	nmission	For Year Ended	
2005 Net Profit License Tax Return					
Revenue Commission					
Name and address		Federal ID # er Cesia	Coordinate att	Business type	
		Federal ID # or Social	Security #	Individual	
			-	Corporation Partnership	
Final return (Check only to i	nactivate the account C	Complete Question D)	-	LLC/Partnership	
		ly if no activity in all jurisdiction	ns)	Other	
A) Business telephone:		B) Principal bu	usiness activity		
C) Principal owner/administration	ve officer				
D) If business activity was disc	ontinued within the juriso	diction during the year, state w	hen		
Dissolution Sale	If sale, name and	address of successor			
Other	If other, describe				
E) Is the business entity an affi	liate of a consolidated co	orporate federal return?	YES		
			NO		
F) Did you have employees in	the jurisdiction during the	e tax year?	YES	If YES, how many?	
			NO		
Make check payable		FILING STATUS (per			
and mail to:	Worksheet I	Federal Schedule C, Sched			
Georgetown/Scott County	Worksheet P	Federal Form 1065, Schedu			
Revenue Commission P O Box 800	Worksheet C	Federal Form 1120, 1120A, TAX COMPUT		<pre>ile K and rental schedule(s)</pre>	
Georgetown, Kentucky 40324		City of	Scott	Scott County	
		Georgetown	County	Schools	
		(A)	(B)	(C)	
1) Adjusted net profit f	rom Worksheet				
2) Business apportion	ment (see reverse)	%		%	
3) Less: Net profit exem	ptionsee instructions.		\$10,0	00	
4) Taxable net profit ({lir	-		+ ; -		
· · ·		10/		10/ 0.500/	
5) Occupational licens		1%		1% 0.50%	
6) Total tax due					
7) Less: Estimated pay	/ments/credits				
8) Balance due					
5% per month or portion thereof					
9) Penaltynot to exceed 25%	Minimum \$25				
10) Interest12% per ann	um				
11) Total amount due/(c	overpayment)>>				
12) Overpayment (check one)	Refund	Payment Due (Add Line 11, 0	Columns A,B and	1 C)	
RETURN MUST RE SIGNED - L hereby on	Credit	hat the statements made herein and	any supporting sch	edules are true	
-	RETURN MUST BE SIGNED - I hereby cerify, under penalty of perjury, that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.				
		OFFICE USE ONLY			
		Rec'd			

		Rec'd		
Preparer's signature	Date	Ck. No.	Taxpayer's signature	Date
		Amt.		
		Posted		
Print name		Ву	Print name	Date

orgetown	Scott C
Ceorb	County
Payanya	Commission

WORKSHEET Y

Federal ID # or Social Security #

BUSINESS APPORTIONMENT

PART I - CITY OF GEORGETOWN				
			DIVIDE↓	
APPORTIONMENT FACTORS	COLUMN A CITY OF GEORGETOWN	COLUMN B TOTAL EVERYWHERE	COLUMN C A ÷ B = C	
1) PAYROLL FACTOR Compensation paid or payable to employees			%	
2) SALES REVENUE FACTOR Receipts from the sale, lease, or rental of goods, services, or property			%	
3) TOTAL PERCENTAGES				
4) BUSINESS APPORTIONMENT Enter here and on page 1, line 2 of Net Profit License Tax Return If you had both a payroll factor and a sales revenue factor, then divide line 3 by two (2). % If you had a payroll factor or sales revenue factor, but not both, then enter the percentage from line 3.				

PART II - SCOTT COUNTY			
			DIVIDE↓
APPORTIONMENT FACTORS	COLUMN A SCOTT COUNTY	COLUMN B TOTAL EVERYWHERE	COLUMN C A ÷ B = C
1) PAYROLL FACTOR			
Compensation paid or payable			
to employees			%
2) SALES REVENUE FACTOR			
Receipts from the sale, lease, or rental			
of goods, services, or property			%
3) TOTAL PERCENTAGES			
			%
4) BUSINESS APPORTION	IENT Enter here and on page 1, lin	e 2 of Net Profit License Tax Return	
If you had both a payroll factor and			%
If you had a payroll factor or sales r			

PART III - SCOTT COUNTY SCHOOL DISTRICT			
			DIVIDE↓
APPORTIONMENT FACTORS	COLUMN A SCOTT COUNTY	COLUMN B TOTAL EVERYWHERE	COLUMN C A ÷ B = C
1) PAYROLL FACTOR			
Compensation paid or payable to employees			%
2) SALES REVENUE FACTOR			
Receipts from the sale, lease, or rental			
of goods, services, or property			%
3) TOTAL PERCENTAGES			
			%
4) BUSINESS APPORTION	MENT Enter here and on page 1, lir	ne 2 of Net Profit License Tax Return	
If you had both a payroll factor an If you had a payroll factor or sales		vide line 3 by two (2). en enter the percentage from line 3.	%



Revenue Commission

	****IMPORTANT****	Federal ID # or
This Wo	rksheet along with copies of all applicable federal forms and schedules MUST	Social Security #
be attac	hed to the Net Profit License Tax Return.	
	WORKSHEET C COMPUTATION OF ADJUSTED NET PROFIT FOR BUSINESS ENTITIES REQUIRED TO FILE U.S. CORPORATE INCOME	TAX RETURN
1)	Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach the applicable 1120 or 1120A, Pages 1 and 2 or 1120S Pages 1, 2 and 3, Schedule of Other Deductions and rental schedule(s), if applicable)	
2)	State income taxes and occupational taxes based on income deducted on the Federal Form 1120, 1120A or 1120S (Attach schedule)	
3)	Net operating loss deducted on Form 1120	
4)	Additions from Schedule K of Form 1120S (See instructions) (Attach Schedule K of Form 1120S and rental schedule(s), if applicable)	
5)	Total Income (Add lines 1 through 4)	
6)	Subtractions from Schedule K of Form 1120S (See instructions) (Attach Schedule K of Form 1120S and rental schedule(s), if applicable)	
7)	Alcoholic Beverage Sales Deduction (Worksheet X, Line 3)	
8)	Local/other adjustments (Attach full explanation and schedule)	
9)	Total adjustments (Add lines 6 through 8)	
10)	Adjusted Net Profit (Subtract line 9 from line 5) Enter here and on line 1 of the Net Profit License Tax Return	
	WORKSHEET X: ALCOHOLIC BEVERAGE SALES DEDUCTIO	Ν
1)	DIVIDE→ Kentucky Alcoholic Beverage Sales Total sales	%
2)	Enter "Total Income" from line 5 of Worksheet C	
3)	Alcoholic Beverage Sales Deduction (multiply line 1 by line 2) Enter here and on line 7 above	



****IMPORTANT****		Federal ID # or
This Wor	rksheet along with copies of all applicable federal forms and schedules MUST	Social Security #
be attach	hed to the Net Profit License Tax Return.	
	WORKSHEET I COMPUTATION OF ADJUSTED NET PROFIT FOR BUSINESS ENTITIES REQUIRED TO FILE INDIVIDUAL U.S. INCOME	TAX RETURN
1)	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)	Net profit or (loss) per line 31 of the Federal Schedule C of Form 1040 (Attach Schedule C Pages 1 and 2)	
3)	Gain or (loss) on sales of business property used in a trade or business from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797 Pages 1 and 2 and/or Form 6252)	
4)	Rental income or (loss) per Federal Schedule E of Form 1040 (See instructions)(Attach Schedule E)	
5)	Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F Pages 1 and 2)	
6)	State income taxes and occupational license taxes based upon income deducted on the Federal Schedule C, E, or F (Attach schedule)	
7)	Total Income (Add lines 1 through 6)	
8)	Alcoholic Beverage Sales Deduction (Worksheet X, Line 3)	
9)	Local/other adjustments (Attach full explanation and schedule)	
10)	Total adjustments (Add lines 8 and 9)	
11)	Adjusted Net Profit (Subtract line 10 from line 7) Enter here and on line 1 of the Net Profit License Tax Return	
	WORKSHEET X: ALCOHOLIC BEVERAGE SALES DEDUCTIO	JN
1)	Kentucky Alcoholic Beverage Sales DIVIDE→ Total sales	%
2)	Enter "Total Income" from line 7 of Worksheet I	
3)	Alcoholic Beverage Sales Deduction (multiply line 1 by line 2) Enter here and on line 8 above	



Revenue Commission

	****IMPORTANT****	Federal ID # or
This V	Worksheet along with copies of all applicable federal forms and schedules MUST	Social Security #
be att	tached to the Net Profit License Tax Return.	
	WORKSHEET P COMPUTATION OF ADJUSTED NET PROFIT FOR BUSINESS ENTITIES REQUIRED TO FILE U.S. RETURN OF PARTNERSHIP IN	NCOME TAX RETURN
1)	Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2 and 3, Schedule of Other Deductions, and rental schedule(s), if applicable)	
2)	State income taxes and occupational taxes based on income deducted on the Federal Form 1065 (Attach schedule)	
3)	Additions from Schedule K of Form 1065 (See instructions) (Attach Schedule K of Form 1065 and rental schedule(s), if applicable)	
4)	Total income (Add lines 1 through 3)	
5)	Subtractions from Schedule K of Form 1065 (See instructions) (Attach Schedule K of Form 1065 and rental schedule(s), if applicable)	
6)	Alcoholic Beverage Sales Deduction (Worksheet X, Line 3)	
7)	Local/other adjustments (Attach full explanation and schedule)	
8)	Professional expenses not reimbursed by the partnership (Attach schedule of expenses)	
9)	Total adjustments (Add lines 5 through 8)	
10)	Adjusted Net Profit (Subtract line 9 from line 4) Enter here and on line 1 of the Net Profit License Tax Return	
	WORKSHEET X: ALCOHOLIC BEVERAGE SALES DEDUCTIO	N
1)	Kentucky Alcoholic Beverage Sales	
1)	DIVIDE→ Total sales	%
2)	Enter "Total Income" from line 4 of Worksheet P	
3)	Alcoholic Beverage Sales Deduction (multiply line 1 by line 2) Enter here and on line 6 above	