

Georgetown/Scott County Revenue Commission 2013 Net Profit License Tax Return

For Year Ended			
/	/		

Name and address					Business type
		Federal ID # or Soc	cial Security #		Individual
					Corporation
					Partnership
					LLC/Individual
Final return (Check only to ina		•			LLC/Partnership
No activity in jurisdictions duri	ing tax year (Check only				Other
A) Business telephone:		B) Principal b	ousiness activity		
C) Principal owner/administrative					_
D) If business activity was discor		• •	ate when		
Dissolution Sale		address of successor			
Other	If other, describe	•			
E) Is the business entity an affilia	ate of a consolidated co	rporate federal return?	YES NO		
F) Did you have employees in th	e jurisdiction during the	tax year?	YES NO		If YES, how many?
Make check payable		FILING STATUS (pe	er federal return	1)	
and mail to:	Worksheet I	Federal Schedule C, Schedu	ule E, Schedule F or	1099-Mis	SC
Georgetown/Scott County	Worksheet P	Federal Form 1065, Schedu	lle K and rental sche	dule(s)	
Revenue Commission	Worksheet C	Federal Form 1120, 1120A,	1120S, Schedule K	and renta	al schedule(s)
P O Box 800		TAX COMPL	JTATION		
Georgetown, Kentucky 40324		City of	Scott		Scott County
		Georgetown (A)	County (B)		Schools (C)
1) Adjusted net profit from	om Worksheet				
2) Business apportionment (see reverse)		%		%	%
3) Less: Net profit exemp		\$10,0			
4) Taxable net profit ({line	1 X line 2} minus line 3)				
5) Occupational license tax rate		1%		1%	0.50%
6) Total tax due					
7) Less: Estimated payr	ments/credits				
8) Balance due9) Late Filing/Payment Penalty Minimum \$25- due even if file	/ 5% a month Max 25%				
10) Interest12% per annu	m				
11) Total amount due/(ov	<u>/er</u> payment)>>				
12) Overpayment Refund Credit Payment Due (Add Line 11, Columns A,B & C) **13) Please check this box if you need the 2014 Form NP100 mailed to you next year.					
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 know		OFFICE USE ONLY			
		Rec'd			
Preparer's signature	Date	Ck. No.	Taxpayer's sign	ature	Date
		Amt.			
Print name		Ву	Print name		Date



WORKSHEET Y BUSINESS APPORTIONMENT

Federal ID # or Social Security #

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			0/	
to employees			%	
2) SALES REVENUE FACTOR				
Receipts from the sale, lease, or rental			0.4	
of goods, services, or property			%	
0) TOTAL DEDOCATA OF 0				
3) TOTAL PERCENTAGES	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	%			
If you had a payroll factor or sales	If you had a payroll factor or sales revenue factor, but not both, then enter the percentage from line $\overline{3}$.			

PART II - SCOTT COUNTY AND SCOTT COUNTY SCHOOLS			
			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			9/0
4) BUSINESS APPORTIONM If you had both a payroll factor and a If you had a payroll factor or sales re	a sales revenue factor, then d	livide line 3 by two (2).	9/0



Revenue Commission

	****IMPORTANT****	Federal ID # or
This Wo	orksheet along with copies of all applicable federal forms and schedules MUST	Social Security #
be attac	ched 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	N
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	



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	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 DEDUCTION	N
1)	DIVIDE→ Kentucky Alcoholic Beverage Sales 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	



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	WORKSHEET P COMPUTATION OF ADJUSTED NET PROFIT FOR BUSINESS ENTITIES REQUIRED TO FILE U.S. RETURN OF PARTNERSHIP I	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 DEDUCTION	N
1)	DIVIDE→ Kentucky Alcoholic Beverage Sales 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	