Georgetown/Scott County Revenue Commission For Yea			For Year Ended	
2015 Net Profit License Tax Return				
Revenue Commission				/ /
Name and address				Business type
		Federal ID # or Soc	cial Security #	Individual
				Corporation Partnership
				LLC/Individual
Final return (Check only to i	nactivate the account C	Complete Question D)		LLC/Partnership
			Other	
A) Business telephone: B) Principal business activity				
C) Principal owner/administration	ve officer			
D) If business activity was disc	·	• •	ate when	
Dissolution Sale	· · ·	address of successor		
Other	,			<u></u>
E) Is the business entity an affi	iliate of a consolidated co	orporate federal return?	YES NO]
F) Did you have employees in	the jurisdiction during the	e tax year?	YES NO	If YES, how many?
Make check payable		FILING STATUS (pe		
and mail to:	Worksheet I	Federal Schedule C, Schedu	ule E, Schedule F or 1099-M	lisc
Georgetown/Scott County	Worksheet P	Federal Form 1065, Schedu	le K and rental schedule(s)	
Revenue Commission	Worksheet C	Federal Form 1120, 1120A, 1120S, Schedule K and rental schedule(s)		
P O Box 800		TAX COMPL		
Georgetown, Kentucky 40324		City of Georgetown	Scott County	Scott County Schools
		(Å)	(B)	(C)
1) Adjusted net profit f	rom Worksheet			
2) Business apportion	ment (see reverse)	%	%	%
3) Less: Net profit exem	ptionsee instructions.		\$10,000	
4) Taxable net profit ({lir	ne 1 X line 2} minus line 3)			
5) Occupational licens		1%	1%	0.50%
6) Total tax due				
7) Less: Estimated pay	yments/credits			
8) Balance due				
 Late Filing/Payment Penal Minimum \$25- due even if f 	-			
10) Interest12% per ann				
11) Total amount due/(overpayment)>>			
12) Overpayment Refund				
,	Credit	Payment Due (Add Line 11		
**13) Please check this box if y	ou need the 2016 Form	NP100 mailed to you n	lext year.	ules are true
,	ou need the 2016 Form	NP100 mailed to you method to statements made here	lext year.	lules are true,
**13) Please check this box if y RETURN MUST BE SIGNED - I hereby ce	ou need the 2016 Form	NP100 mailed to you method the statements made here OFFICE USE ONLY	lext year.	lules are true,
**13) <u>Please check this box if y</u> RETURN MUST BE SIGNED - I hereby ce correct, and complete to the best of my kn	ou need the 2016 Form erify, under penalty of perjury, t nowledge.	NP100 mailed to you m that the statements made here OFFICE USE ONLY Rec'd	in and any supporting schec	
**13) <i>Please check this box if y</i> RETURN MUST BE SIGNED - I hereby ce	ou need the 2016 Form	NP100 mailed to you method the statements made here OFFICE USE ONLY	lext year.	lules are true, Date



WORKSHEET Y

Federal ID # or Social Security #

BUSINESS APPORTIONMENT	

PART I - CITY OF GEORGETOWN

			DIVIDE↓
APPORTIONMENT FACTORS	COLUMN A	COLUMN B	COLUMN C
	CITY OF GEORGETOWN	TOTAL EVERYWHERE	$A \div B = C$
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, line	e 2 of Net Profit License Tax Return	
If you had both a payroll factor and			%
If you had a payroll factor or sales			

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			
,			%
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.



****IMPORTANT****		Federal ID # or
This Worksheet 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	



****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 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	N
1)	DIVIDE→ Kentucky Alcoholic Beverage 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	



	****IMPORTANT****	Federal ID # or
This Worksheet along with copies of all applicable federal forms and schedules MUST		Social Security #
be at	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)	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	