

## **NET PROFIT LICENSE TAX EXTENSION REQUEST (FORM NP 200)**

<u>NOTE:</u> A copy of the Federal Form 4868, 8736 or 7004 for the same taxable year may be used in place of a written request for an extension, provided that the licensee's FEIN/SSN is noted on the form. <u>A federal extension DOES NOT automatically extend the filling period for payment of net profit license tax.</u> The required estimated license tax payment is presumed to have been made in good faith provided that the taxpayer remits 50% or more of the license tax liability as indicated on the final Net Profit License Tax Return. If payment of estimated taxes is not made with the extension request interest will be assessed on the unpaid license tax (1% per month, 12% annum).

EEIN OD CCN.		TAY VEAD END.		
	DIVIDUAL NAME			
	DIVIDUAL NAME:			
CITY/STATE/ZIP	CODE:			
	City of Georgetown:	NET PROFIT LICENSE TAX EXTENSION PAYMENT  y of Georgetown:  tt County:		
		cott County School:		
	Scott County School.			
**By signing below,	I hereby certify that the informa	tion, statements, schedules filed	herewith are true and correct.	
Signature:				
Date:		Official Title:		
Email:		Phone #:		
West Main Street, S	Id/or documents online at www Suite 8, Georgetown, KY. (Nex- payable to GSCRC (Georgetor	t to GMWSS office) or by mai	the GSCRC office located at 1000 l to P.O. Box 800, Georgetown, KY nmission).	
	Date Received:	Date Posted:		

Total Payment: \_\_\_\_\_ Check Number: \_\_\_\_