

Georgetown/Scott County Revenue Commission Net Profit License Tax Return

For Year Ended	

Name and address				Business type	
		Federal ID # or So	cial Security #	Individual	
				Corporation	
				Partnership	
				LLC/Individual	
Final return (Check only to in No activity in jurisdictions dur		•	ctions)	LLC/Partnership Other	
A) Business telephone:	ing lax year (Oneck On		le business activity	Other	
C) Principle owner/administrative	e officer				
D) If business activity was disco		diction during the year sta	ite when		
Dissolution Sale		address of successor			
Other	If other, describe	address of successor			
E) Is the business entity an affili	ate of a consolidated co	orporate federal return?	YES		
,		•	NO		
F) Did you have employees in the	ne jurisdiction during the	e tax vear?	YES	If YES, how many?	
, , ,	,	,	NO	,	
Make check payable		FILING STATUS (per federal return)		
and mail to:	Worksheet I	Federal Schedule C, Sc	chedule E, Schedule F or	1099-Misc	
Georgetown/Scott County	Worksheet P	Federal Form 1065, Sch	nedule K and rental sched	dule(s)	
Revenue Commission	Worksheet C		20A, 1120S, Schedule K	and rental schedule(s)	
P O Box 800		TAX COMPUTATION			
Georgetown, Kentucky 40324		City of Georgetown	Scott County	Scott County Schools	
1) Adjusted net profit from	om Worksheet				
2) Business apportionn		%	%	%	
3) Less: Net profit exen			\$10,000		
4) Taxable net profit ({line	e 1 X line 2} minus line 3)				
5) Occupational license		1%	1%	0.50%	
6) Total tax due					
7) Less: Estimated pay	ments/credits				
8) Balance due					
5% per month or p 9) Penalty not to exceed 25%					
10) Interest12% per annu					
11) Total amount due					
12) Overpayment	Credit				
	Refund				
RETURN MUST BE SIGNED - I hereby ceri	fy, under penalty of perjury, t	that the statements made herein	and any supporting schedules	are true,	
correct, and complete to the best of my know	wledge.	OFFICE USE ONLY	,		
		Rec'd	†		
Preparer's signature	Date	Ck. No.	Taxpayer's signature	Date	
. •		Amt.	1		
		Posted			
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			
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 If you had both a payroll factor and If you had a payroll factor or sales	d a sales revenue factor, then divi	de line 3 by two (2).	%			

			DIVIDE↓
APPORTIONMENT FACTORS	COLUMN A	COLUMN B	COLUMN C
	SCOTT COUNTY	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 APPORTIONN If you had both a payroll factor and			%
If you had a payroll factor or sales re			

PART II - SCOTT COUNTY

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 APPORTIONI If you had both a payroll factor and If you had a payroll factor or sales		%					



	****IMPORTANT****	Federal ID # or
This Work	sheet along with copies of all applicable federal forms and schedules MUST	Social Security #
be attache	ed 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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oe 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)	
3)	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)	



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This V	Vorksheet along with copies of all applicable federal forms and schedules MUST	Social Security #
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	WORKSHEET P COMPUTATION OF ADJUSTED NET PROFIT FOR BUSINESS ENTITIES REQUIRED TO FILE U.S. RETURN OF PARTNERSHIP IN	COME 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	V
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	



****IMPORTANT****	Federal ID # or
This Worksheet MUST be attached to the Net Profit License Tax Return.	Social Security #

WORKSHEET R

RECONCILIATION OF PAYROLL FACTOR

FOR BUSINESS ENTITIES COMPLETING THE PAYROLL APPORTIONMENT FACTOR

		City of Georgetown Subject	City of Georgetown Total	Scott County Subject	Scott County Total	Scott County Schools Subject	Scott County Schools Total
1)	Compensation paid or payable to employees per Net Profit License Tax Return						
2)	Prior year accural adjustment						
3)	Other additions (attach schedule)						
4)	Subtotal (Add lines 1 through 3)						
5)	Current year accural adjustment						
6)	Other subtractions						
	(attach schedule)						
7)	Compensation paid or payable to employees per Reconciliation of License Tax Withheld (line 4 minus lines 5 and 6)						