



Georgetown/Scott County Revenue Commission 2016 Net Profit License Tax Returns

For Year Ended
/ /

Name and address _____ _____ _____	Federal ID # or Social Security # _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Business type</th> </tr> <tr> <td style="width: 15px;"><input type="checkbox"/></td> <td>Individual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Corporation</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Partnership</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LLC/Individual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LLC/Partnership</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> </table>	Business type		<input type="checkbox"/>	Individual	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLC/Individual	<input type="checkbox"/>	LLC/Partnership	<input type="checkbox"/>	Other _____
Business type																
<input type="checkbox"/>	Individual															
<input type="checkbox"/>	Corporation															
<input type="checkbox"/>	Partnership															
<input type="checkbox"/>	LLC/Individual															
<input type="checkbox"/>	LLC/Partnership															
<input type="checkbox"/>	Other _____															
<input type="checkbox"/> Final return (Check only to inactivate the account-- Complete Question D)																
<input type="checkbox"/> No activity in jurisdictions during tax year (Check only if no activity in all jurisdictions)																
A) Business telephone: _____ B) Principal business activity _____																
C) Principal owner/administrative officer _____																
D) If business activity was discontinued within the jurisdiction during the year, state when _____																
<input type="checkbox"/> Dissolution Sale <input type="checkbox"/> If sale, name and address of successor _____																
Other <input type="checkbox"/> If other, describe _____																
E) Is the business entity an affiliate of a consolidated corporate federal return?		YES <input type="checkbox"/> NO <input type="checkbox"/>														
F) Did you have employees in the jurisdiction during the tax year?		YES <input type="checkbox"/> If YES, how many? NO <input type="checkbox"/>														

Make check payable and mail to: Georgetown/Scott County Revenue Commission P O Box 800 Georgetown, Kentucky 40324	FILING STATUS (per federal return)
<input type="checkbox"/>	Worksheet I Federal Schedule C, Schedule E, Schedule F or 1099-Misc
<input type="checkbox"/>	Worksheet P Federal Form 1065, Schedule K and rental schedule(s)
<input type="checkbox"/>	Worksheet C Federal Form 1120, 1120A, 1120S, Schedule K and rental schedule(s)

	City of Georgetown (A)	Scott County (B)	Scott County Schools (C)
1) Adjusted net profit from Worksheet			
2) Business apportionment (see reverse)..	%	%	%
3) Less: Net profit exemption ...see instructions.		\$10,000	
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 payments/credits..			
8) Balance due.....			
9) Late Filing/Payment Penalty 5% a month Max 25% Minimum \$25- due even if filed late with no tax due			
10) Interest.....12% per annum.....			
11) Total amount due/(overpayment)>>			
12) Overpayment Refund <input type="checkbox"/> Credit <input type="checkbox"/>			
Payment Due (Add Line 11, Columns A,B & C)			
**13) <u>Please check this box if you need the 2017 Form NP100 mailed to you next year.</u> <input type="checkbox"/>			

RETURN MUST BE SIGNED - I hereby certify, 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			
Preparer's signature	Date	Taxpayer's signature	Date
Print name		Print name	
By		Date	

*Please do NOT staple or paperclip check to return.



Revenue Commission

**WORKSHEET Y
BUSINESS APPORTIONMENT**

Federal ID # or Social Security #

PART I - CITY OF GEORGETOWN

APPORTIONMENT FACTORS	COLUMN A CITY OF GEORGETOWN	COLUMN B TOTAL EVERYWHERE	DIVIDE ↓ 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 for Georgetown of Net Profit License Tax Return If you had both a payroll factor and a sales revenue factor everywhere, 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 AND SCOTT COUNTY SCHOOLS

APPORTIONMENT FACTORS	COLUMN A SCOTT COUNTY	COLUMN B TOTAL EVERYWHERE	DIVIDE ↓ 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 for Scott County and Schools of Net Profit License Tax Return If you had both a payroll factor and a sales revenue factor everywhere, 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.			%



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

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

1)	DIVIDE →	$\frac{\text{Kentucky Alcoholic Beverage Sales}}{\text{Total sales}}$	%
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 INCOME 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

1)	DIVIDE →	$\frac{\text{Kentucky Alcoholic Beverage Sales}}{\text{Total sales}}$	%
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		