Georgetown-Scott County Revenue Commission

Georgetown/Scott County Revenue Commission

2018 Net Profit License Tax Returns

For Year Ended / /

Name and address	Federal ID # or Social Security #	Business type
		☐ Individual
		☐ Corporation
		☐ Partnership
		☐ LLC/Individual
		☐ LLC/Partnership
		☐ Other_____

☐ Final return (Check only to inactivate the account-- Complete Question D)

☐ 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 _____

☐ Dissolution Sale ☐ If sale, name and address of successor _____

Other ☐ If other, describe _____

E) Is the business entity an affiliate of a consolidated corporate federal return? YES ☐ NO ☐

F) Did you have employees in the jurisdiction during the tax year? YES ☐ NO ☐ If YES, how many? _____

Make check payable and mail to:

Georgetown/Scott County Revenue Commission
P O Box 800
Georgetown, Kentucky 40324

FILING STATUS (per federal return)

☐	Worksheet I	Federal Schedule C, Schedule E, Schedule F or 1099-Misc
☐	Worksheet P	Federal Form 1065, Schedule K and rental schedule(s)
☐	Worksheet C	Federal Form 1120, 1120A, 1120S, Schedule K and rental schedule(s)

TAX COMPUTATION

	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 ☐ Credit ☐			**Payment Due (Add Line 11, Columns A,B & C)**

13) ***Please check this box if you need the 2019 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 knowledge.

OFFICE USE ONLY
Rec'd
Ck. No.
Amt.
By

Preparer's signature Date

Print name

Taxpayer's signature Date

Print name Date

*Please do NOT staple or paperclip check to return.