



**Georgetown/Scott County Revenue Commission
2019 Net Profit License Tax Returns**

For Year Ended
/ /

Name and address	Federal ID # or Social Security #	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 _____

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 If YES, how many?
NO

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)	
	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 <input type="checkbox"/> Credit <input type="checkbox"/>			
	Payment Due (Add Line 11, Columns A,B & C)		

13) **Please check this box if you need the 2020 Form NP100 mailed to you next year.

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	Ck. No.	Taxpayer's signature Date
Print name		Amt.	
		By	Print name Date

*Please do NOT staple or paperclip check to return.