

For Year Ended
/ /

Name and address	Federal ID # or Social Security #	<b>Business type</b>
		Individual Corporation Partnership LLC/Individual LLC/Partnership 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"/> NO <input type="checkbox"/>	If YES, how many? _____

Make check payable and mail to:  <b>Georgetown/Scott County Revenue Commission P O Box 800 Georgetown, Kentucky 40324</b>	<b>FILING STATUS (per federal return)</b>		
	<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)	
<b>TAX COMPUTATION</b>			

	City of Georgetown (A)	Scott County (B)	Scott County Schools (C)
1) Adjusted net profit from Worksheet			
2) Business apportionment (see reverse)..	%	%	%
3) <b>Less: Net profit exemption</b> ...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) <b>Late Filing/Payment Penalty</b> 5% a month Max 25% <b>Minimum \$25-</b> 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)		

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.

Preparer's signature	Date	<b>OFFICE USE ONLY</b>	
		Rec'd	
Print name	Date	Ck. No.	Taxpayer's signature
		Amt.	Date
Form NP100		By	Print name
			Date