

For Year Ending _____

Fiscal Year Ending _____
Federal ID or SSN _____

Please notify this office of any changes in ownership or name and address shown below.

Business Name and Address:

QUESTIONS (ANSWER FULLY)	
A. Nature of business _____	
B. Date business started in Georgetown _____	
C. If organization was discontinued, state when _____ Dissolution or Sale: If by sale, give name and address of successor _____	
D. Do you have employees? _____ Yes _____ No If yes, number of employees _____	
E. Basis on which return if prepared _____ Cash _____ Accrual	
F. Check which: _____ Corporation _____ Sub-Chapter S _____ Partnership _____ Individual _____ Fiduciary _____ Other (state) _____	
G. Have Federal authorities changed the net Income as originally reported for any prior year? _____ Yes _____ No If yes, have amended Net Profit Returns been filed reflecting the changes? _____ Yes _____ No If no, attach schedule of changes for each year.	

**SECTION 1
CALCULATION OF LICENSE FEE LIABILITY**

1. Adjusted net business income (Worksheet 1 line 24-see reverse) (Attach applicable Federal Schedules)	1.	
2. Average allocation percentage (Section 2, line 4..Column C).....	2.	
3. Net Profits subject to license fee (Line 1 x Line 2).....	3.	
4. City of Georgetown license fee (1% of amount of line 3 AND minimum fee of \$25.00).....	4.	
5. Penalty (12% per annum).....	5.	
6. Interest (12% per annum).....	6.	
7. Total (Line 4+5+6).....	7.	
8. Less credits -- Initial _____ Estimate _____	8.	
9. Balance due (line 7 less line 8) PAY THIS AMOUNT	9.	

MAKE CHECK PAYABLE TO: OCCUPATIONAL TAX ADMINISTRATOR, CITY OF GEORGETOWN
MAIL TO: OCCUPATIONAL TAX ADMINISTRATOR, PO BOX 677, CITY HALL, GEORGETOWN, KY 40324

**SECTION 2
CALCULATION OF ALLOCATION PERCENTAGES**

ALLOCATION FACTORS	Column A City of Georgetown	Column B Total Everywhere	Column C Percentages
1. Business receipts factor (see instruction).....	\$	\$	
2. Payroll factor (see instructions).....	\$	\$	
3. Total percentage (add Column C, lines 1 and 2).....			
4. Average allocation percentage..... (Column C, line 3 divided by number of percents) (Enter on Line 2, section 1)			

**SECTION 3
RECONCILIATION OF PAYROLL FACTOR**

Note: Section 2, line 2, Columns A and B should agree to the total and subject wages per form 542, Reconciliation of License Fee Withheld for the same period as covered by the Net Profits License Fee Return. When a discrepancy occurs because the Reconciliation of License Fee Withheld is computed on the cash basis and the Net Profits License Fee Return is computed on the accrual basis you must provide the following:

Prior year wage expense accrual _____ Current year wage expense accrual _____

I hereby certify that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge

Rec'd. _____
 Ck. No. _____
 Amt. _____
 Posted _____
 By _____

signature or Individual preparing the return _____ Date _____
 This return must be filed and paid on or before: _____ or within 105 days after close of fiscal year

**CITY OF GEORGETOWN Net Profit License Fee Return
COMPLETE ONLY ONE COLUMN (Whichever is applicable)**

Please complete the column that relates to your form of business

1 Gross wages, salaries, commissions, etc. reported on federal Form 1040 from which no payroll taxes were withheld (attach Form 1040 and W-2)

2 Non-employee compensation per federal Form 1099 reported as "other income" on federal Form 1040 (attach Form 1040 and 1099)

3 Net profit or (loss) per Schedule C, C-EZ, E or F of federal Form 1040 (attach Form 1040 and applicable schedule)

4 Gain or (loss) on the sale of property used in a trade or business per federal Form 1040 (attach Form 4797 and/or Schedule D)

5 Ordinary income or (loss) per federal Form 1065 (attach Form 1065)

6 Taxable income or (loss) per federal Form 1120 or 1120A or ordinary income or (loss) per federal Form 1120S (attach Form 1120, 1120A or 1120S)

7 Other additions from Schedule K of federal Form 1065 or 1120S (see instructions) (attach Schedule K)

8 Other business income (attach schedule)

9 Total business income (add Lines 1 through 8)

10 Other allowable subtractions from Schedule K of federal Form 1065 or 1120S (see instructions) (attach Schedule K)

11 Net business income (Line 9 less Line 10)

ITEMS NOT DEDUCTIBLE

12 State and local license fees or taxes based on income

13 Net operating loss deduction

14 Partners' salaries (attach schedule)

15 Expenses associated with income not subject to the license fee (attach schedule)

16 Other (attach full explanation and schedule)

17 Total items not deductible (add Lines 12 through 16)

DEDUCTIBLE ITEMS

18 Interest income from U.S. obligations

19 IRC Section 78 dividends and IRC Section 951 dividends

20 Natural person 65 years or older deduct \$3,000.00

21 Non-business interest and dividends (attach schedule)

22 Other (attach full explanation and schedule)

23 Total items not subject (add lines 18 through 23)

24 Adjusted net business income

(Line 11 plus Line 17 less Line 23) Enter on Section 1, Line 1

	Sole Proprietor	Partnership	Corporation and S-Corp	Other
1	_____	NA	NA	_____
2	_____	NA	NA	_____
3	_____	NA	NA	_____
4	_____	NA	NA	_____
5	NA	_____	NA	_____
6	NA	NA	_____	_____
7	NA	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	NA	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	NA	NA	_____	_____
14	NA	_____	NA	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	NA	_____	_____	_____
19	NA	_____	_____	_____
20	_____	NA	NA	NA
21	NA	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____
24	_____	_____	_____	_____