

**UNION COUNTY TAX ADMINISTRATOR
NET PROFIT LICENSE FEE RETURN**

This form must be completed in its entirety. If Federal I.D. or Social Security Number is omitted, this form will be returned to you. If address change applies, you must check the address change box.

CHECK IF ADDRESS CHANGE AMENDED RETURN NO ACTIVITY

FEDERAL I.D. OR SOCIAL SECURITY NUMBER

Name:

Contact:

FOR YEAR ENDING

Address:

City: State: Zip:

ACCOUNT NUMBER

Phone Number Fax Number

CHECK IF "FINAL RETURN" Date Operations ceased (Required to close account.)

ALL LICENCEES MUST ANSWER THE QUESTIONS BELOW

A. Principal business activity:

B. During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year?

If YES, which year(s) was adjusted? (Attach statement of changes)

C. Principle owner/administrative officer:

Address:

D. Did you file a consolidated return? (If yes, see instructions)

E. Was business activity discontinued? When? For Dissolution Sale/Transfer

If sale / transfer state successor

Address:

YES NO Did you make payments in the sum of \$600.00 or mor to any individual for services rendered in this County other than an employee? If YES, you are required to file copies of Federal Form 1099.

ALL LICENCEES MUST COMPLET PAGE 2 OF THIS FROM BEFORE COMPLETING THIS SECTION

21. Enter ADJUSTED NET PROFIT (From line 16 on the back of this form):

22. Enter percentage from Line 19 or 20

23 Net Profits Allocation (Line 21 x Line 22)

24 Union County License Fee (Line 23 x 0.5 %)

25. Credits: Estimated Payments

26. Balance of License Fees Due (Line 24 minus Line 25)

27. There is a net profit maximum of \$1000.00. Pay the smaller amount of line 26 or 27

28. Penalty - 5 % per month, not to exceed 25% - Minimum \$25; Penalty due on amount owed from original due date, unless full estimated payments were made. If payment not made by extension date, penalty will be calculated back to original due date.

29. Interest - 12 % per annum; Calculate interest on amount owed on Line 26 or 27 from original due date

30. Total amount due

31. Overpayment Credit Refund

Questions concerning this tax form contact the Union County Tax Administrator 270-389-3438

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 Signature (Return must be signed) Date

Taxpayer Signature (Return must be signed) Date

Print Name Federal I.D.

Print Name

Address Phone No.

Title SSN

Make check payable to: Union County Tax Administrator

Mail this form along with supporting schedules to: Union County Tax Administrator * P.O. Box 60* Morganfield, KY 42437-0060

Return must be filed and paid in full by the fifteenth day of the fourth month after the close of the fiscal/calendar year, unless a filing extension has been granted.

COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES EVEN IF A LOSS WAS INCURRED.

	INDIVIDUAL	PARTNERSHIP	CORPORATION
1. Non-employee compensation reported as "other income" on Federal 1040 (Attach Page 1 of For 1040 and Form 1099 if applicable)			
2. Net profit per each Federal Schedule C, E, F and/or 4835 (If reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules using separate identification number)			
3. Capital gain from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 or Form 6252)			
4. Ordinary gain or (loss) on the sale of property used a trade or business per Federal Form 4797 (Attach Form 4797, pages 1 and 2)			
5. Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2, and 3, Schedule(s) if applicable)			
6. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal For 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120 S, Pages 1, 2, and 3, Schedule of other Deductions, and Rental Schedule(s) if applicable)			
7. State income taxes and occupational license taxes based upon income deducted on the Federal Schedule C, E, F, or Form 1065, 1120, 1120A or 1120S			
8. Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s) if applicable)			
9. Net operating loss deducted on Form 1120			
10. Total Income - Add Line 1 through Line 9			
11. Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s) if applicable)			
12. Other Sales Deduction			
13. Other Adjustments (Attach Schedule)			
14. Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)			
15. Total Deductions - Add Line 11 through Line 14			
16. Adjusted net profit - Subtract Line 15 from Line 10. Enter here and on Line 21 on the front page			

WORKSHEET Y: BUSINESS APPORTIONMENT

APPROTIONMENT FACTORS	COLUMN A UNION COUNTY	COLUMB B TOTAL EVERYWHERE	DIVIDE (A / B = C) NOTE: All percentages in Column C should be carried out five (5) decimal places
17. PAYROLL FACTOR, Compensation paid during the year to employees			
18. SALES REVENUE FACTOR Receipts from the sale, lease, or rental of goods, services, or property			
19. TOTAL PERCENTAGES			
20. BUSINESS APPORTIONMENT - Enter here and on Line 22 of NET PROFIT LICENSE FEE RETURN If you had both a payroll factor and a sales revenue factor, then divide line 19 by two (2) If you had a payroll factor or sales revenue factor, but not both, then enter the percentage from line 19 on line 22			