OHIO COUNTY KENTUCKY
NET PROFITS LICENSE FEE RETURN

Rec'd / Processed

This form must be completed in its entirety otherwise it will be returned to you.

FOR YEAR ENDING		
12	31	2009
DUE DATE		
04	15	2010

Check If Applicable

- ☐ ADDRESS CHANGE
- ☐ NO ACTIVITY
- ☐ AMENDED RETURN (Ord#09-2;Sec10(2))

EXTENSION REQUESTS
Please use coupon provided below

Office Hours
8 a.m. - 4 p.m. CT
Monday - Friday
Phone (270) 298-4410
Fax (270) 298-4409

Name:_____
Contact:_____
Street Address:_____
City:_____ KY 00000

ACCT NO.
00000

Web Address
ohiocounty.ky.gov/departments/octax.htm
Email:
lugenias@bellsouth.net
octaxclerk@bellsouth.net

Phone No. ( ) - 270 Ext _____ Fax No. 270

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

*** ALL LICENSEES MUST ANSWER THE QUESTIONS BELOW ***

A. Principle 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 _____ or Sale/Transfer? _____
If sale / transfer state sucessor _____
name and address: _____

*** ALL LICENSEES MUST COMPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING THIS SECTION ***

20.	Enter ADJUSTED NET PROFIT (From line 15 on the back of this form)	
21.	Enter percentage from Line 18 or 19	
22.	Net Profits Allocation (Line 20 X Line 21)	
23.	Ohio County License Fee (Line 22 X 1 %)	
24.	Credits / Estimated Payments	
25.	Balance of License Fees Due (Line 23 minus Line 24)	
26.	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	
27.	Interest - 12 % per annum Calculate interest on amount owed on Line 25 from original due date.	
28.	Farm Labor at 1% of gross amount paid **OR** If tax was remitted "Quarterly" please check box ☐	
29.	**Total amount due** ---------- **Minimum Payment - $0 due if less than $10.00 owed** **Maximum Payment - $10,000.00 (excluding penalty & interest)**	
30.	Underpayment Penalty (If line 29 is greater than $5,000 see instructions)	
31.	Overpayment ☐ Credit ☐ **Refund **($50.00 and over eligible for Refund, under $50.00 will be credited toward future filings) see Ord 2009-2 Sec 10	

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 / /
Print Name _____ Federal ID _____
Address _____ Phone No. _____
Email:

Taxpayer Signature (Return must be signed.) _____ Date / /
Print Name _____
Title _____ Social Security No. _____

Make check payable to: OCCUPATIONAL TAX ADMINISTRATOR
Mail this form along with supporting schedules to: OHIO COUNTY OCCUPATIONAL TAX * P O BOX 185 * HARTFORD, KY 42347
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

Extension Request Coupon

(Detach at Perforation)

FOR YEAR ENDING		
12	31	2009
DUE DATE		
04	15	2010

Name:_____
Contact:_____
Street Address:_____
City:_____ KY 00000

ACCT NO.
00000

Extension Payment $_____

Mail To: OHIO COUNTY OCCUPATIONAL TAX
P.O. BOX 185
HARTFORD KY 42347

Signature _____ Date _____

Title _____

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

***** Gray block = "skip, it does not apply" ******	INDIVIDUAL	PARTNERSHIP	CORPORATION
1) Non-employee compensation reported as "other income" on Federal 1040 (Attach Page 1 of Form 1040 and Form 1099 if applicable)			
2) Net profit per Federal Schedule C, E, or F			
3) Capital gain from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach From 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 of Other Deductions, and Rental Schedule(s), if applicable)			
6) Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120S, 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) Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)			
14) Total Deductions - Add Line 11 through Line 13			
15) Adjusted Net Profit - Subtract Line 14 from Line 10. Enter here and on Line 20 on the front page			

WORKSHEET Y: BUSINESS APPORTIONMENT

APPORTIONMENT FACTORS	COLUMN A OHIO COUNTY	COLUMN B TOTAL EVERYWHERE	DIVIDE (A / B = C) NOTE: All percentages in Column C should be carried out five (5) decimal places
16) PAYROLL FACTOR Compensation paid during the year to employees			
17) SALES REVENUE FACTOR Receipts from the sale, lease or rental of goods, services or property			
18) TOTAL PERCENTAGES			
19) BUSINESS APPORTIONMENT - Enter here and on LINE 21 of NET PROFIT LICENSE FEE RETURN If you had both a payroll factor and a sales revenue factor, then divide line 18 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 21			