

OHIO COUNTY KENTUCKY
NET PROFITS LICENSE FEE RETURN

Rec'd / Processed

FOR YEAR ENDING
03 31 2011

DUE DATE

07 14 2011

Check if Applicable

☐ ADDRESS CHANGE

☐ AMENDED RETURN (see Ord#09-2;Sec10(2))

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

EXTENSION REQUESTS

Please use coupon provided (below) to ensure timely & accurate credit

ACCT NO.
00000

Web Address
ohiocounty.ky.gov/departments/octax.htm

Email:
lugenias@bellsouth.net
octaxclerk@bellsouth.net

Phone No. _____ Ext _____ Fax No. _____

Name _____

Contact _____

Address _____

City, State, Zip _____ KY 00000

ACCT NO.
00000

Web Address
ohiocounty.ky.gov/departments/octax.htm

Email:
lugenias@bellsouth.net
octaxclerk@bellsouth.net

* PLEASE ANSWER ALL QUESTIONS*

A. Nature of Activity /Business Entity: _____
(if new account) DATE Activity Began IN Ohio County: _____

B. Principle owner/administrative officer: _____
Address: _____

C. BUSINESS TYPE: SOLE PROPRIETOR _____ C-CORP _____ S-CORP _____ PARTNERSHIP _____ FIDUCIARY _____ OTHER _____

D. Did you have EMPLOYEES in Ohio County this year? _____ IF YES, was EMPLOYEES' tax withheld and remitted? _____
(If yes, see instructions)

E. * DID YOU FILE A FEDERAL TAX RETURN THIS YEAR? _____ Was it a CONSOLIDATED RETURN? _____ CHECK ONE: Dissolution _____ Sale/Transfer? _____

F. * FINAL RETURNS- Give DATE Activity / Operations ended IN OHIO CO. _____

G. Basis upon which tax return is prepared: Cash _____ Accrual _____
If SOLD or TRANSFERRED give Name and Address of new owner: _____

H. 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)

20. Enter ADJUSTED NET PROFIT (From line 15 on the back of this form)

20.

21. Enter PERCENTAGE from Line 18 or 19

21.

%

22. Net Profits Subject to License Fee (Line 20 X Line 21)

22.

23. Ohio County License Fee Due (Line 22 X 1 %)

23.

24. LESS Credit / Estimated Payment (Circle "Credit" or "Estimated Payment" if Applicable)

24.

25. Balance of License Fee Due (Line 23 minus Line 24)

25.

26. PENALTY - 5 % per month, not to exceed 25% - MINIMUM \$25
Penalty due on amount owed at original due date, unless full payment was paid timely.
If Estimated Payment or Account Credit was less than amount owed, figure Penalty on difference.

26.

27. INTEREST - 12 % per annum
Calculate interest on amount owed on Line 25 from original due date.

27.

28. Farm Labor at 1% of gross amount paid OR If tax was remitted "Quarterly" please check box ☐

28.

29. Total Amount Due -----
Minimum Payment - \$0 due if less than \$10.00 owed
Maximum Payment - \$10,000.00 (excluding penalty & interest)

29.

30. Underpayment Penalty (If line 29 is greater than \$5,000 see instructions)

30.

31. Overpayment
**(\$50.00 (+) eligible for Refund - 'Less than' \$50.00 will be credited to the account) see Ord 2009-2 (Sec 10)

31.

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 _____ Title _____

Address _____ Phone No. _____ Social Security No. _____

Email: _____

Make checks payable to:
Ohio Co. Occ. Tax Adm.

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

FOR YEAR ENDING
03 31 2011

DUE DATE

07 14 2011

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

ACCT NO.
00000

Name _____

Extension Payment \$ _____

Account Credit \$ _____

Signature _____ Date _____

Title _____

(Detach Coupon Before Mailing)

NP1 Rev 2/21/11

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 Form 1040, Federal Schedule: C _____, E _____, F _____, Form 4835			
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 in 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 Lines 11 through Line 13			
15) Adjusted Net Profit - Subtract Line 14 from Line 10. [Enter Line 15's amount on Line 20 (found on other side of this form)]			
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			