

**OHIO COUNTY KENTUCKY
NET PROFITS LICENSE FEE RETURN**

Rec'd / Processed

This form must be completed in its entirety otherwise it may be returned to you and delay the filing of your Net Profits tax

FOR YEAR ENDING
12 / 31 / _____

DUE DATE
04 / 15 / _____

Check If Applicable

____ ADDRESS CHANGE

____ AMENDED RETURN (see Ord#09-2,Sec10(2))

____ NO ACTIVITY

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

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

Name _____

Contact _____

Address _____

ACCT NO. _____

Phone No. _____ Ext. _____ Fax No. _____

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

Email:
octaxclerk@ohiocountyky.gov
octaxadmin@ohiocountyky.gov

*** 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? _____
- E. ***DID YOU FILE A FEDERAL TAX RETURN THIS YEAR? YES NO (CHECK ONE)** If YES, attach applicable schedule
- F. ***FINAL RETURNS - Give DATE Activity / Operations ended IN OHIO CO.** CHECK ONE: Dissolution _____ Sale/Transfer? _____
If SOLD or TRANSFERRED give Name and Address of new owner: _____
- G. Basis upon which tax return is prepared: Cash _____ Accrual _____
- 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)

***Complete Worksheet on back BEFORE completing the section below ***

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 _____	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-available online)	30.	
31. Overpayment **Refund <input type="text"/> Credit <input type="text"/> **((\$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 _____ Taxpayer Signature (Return must be signed.) _____ Date _____

Print Name _____ Federal ID _____ Print Name _____

Address _____ Phone No. _____ Title _____ Social Security No. _____

Email: _____ 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

(Detach Coupon Before Mailing)

Extension Request Coupon

ACCT NO. _____

NAME: _____

FOR YEAR ENDING

12 / 31 / - -

DUE DATE

04 / 15 / - -

Extension Payment \$ _____

Account Credit \$ _____

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

Signature _____ Date _____

Title _____