

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 ____/____/____ (i.e. 12/31/xx)		Check If Applicable ____ ADDRESS CHANGE ____ AMENDED RETURN (see Ord#20-7;Sec10(2)) ____ NO ACTIVITY		EXTENSION REQUESTS Please use coupon provided (below) to ensure timely & accurate credit (with a copy of the Federal Extension filed)	
DUE DATE ____/____/____ (i.e. 4/15/xx)				Office Hours 8 a.m. - 4 p.m. CT Monday - Friday Phone (270) 298-4410 Fax (270) 298-4409	
Name Contact Address City, State, Zip		ACCT NO. _____		Web Address ohiocounty.ky.gov/departments-and-services/Pages/Occupational-Tax-Office.aspx Email: octaxadmin@ohiocountyky.gov	
Phone No. _____		Ext. _____		Fax No. _____	
* 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 1.25%) (Applies to all Net Profits after 7/1/2020.)		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 1.25% 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 _____ Credit _____ **(\$50.00 (+) eligible for Refund - 'Less than' \$50.00 will be credited to the account) see Ord 2020-7 (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.)	
Print Name		Federal ID		Print Name	
Address		Phone No.		Title	
Email:				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**

FOR YEAR ENDING

\_\_\_/\_\_\_/\_\_\_

DUE DATE

\_\_\_/\_\_\_/\_\_\_

NAME:

ACCT NO.

\_\_\_\_\_

Extension Payment \$ \_\_\_\_\_

Account Credit \$ \_\_\_\_\_

Mail To:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

NP1 Rev 7/1/20