

SPENCER COUNTY, KENTUCKY NET PROFIT LICENSE FEE RETURN

Occupational License Administrator

P.O. Box 397

Taylorsville, KY 40071

(502) 477-2997 (502) 477-2998

www.spencercountyky.gov

Make Check payable to: Spencer County Treasurer.

Online payments: www.spencercountyky.gov, choose work here, Occ Tax Forms

| | | | |
|-------------------------------------|--------------------------------------|------------------------------|------------------------------|
| For Year Ending (m/d/y) | Business Type | Account # | |
| | Individual <input type="checkbox"/> | Federal ID or SSN | |
| Due Date | Corporation <input type="checkbox"/> | Amended | No Business Activity |
| | Partnership <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Other <input type="checkbox"/> | No <input type="checkbox"/> | |
| Final (list date operations ceased) | | | |

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Phone: _____ Fax: _____

Each filing individual/entity MUST include copies of all business tax documents filed with IRS. Individuals: Schedule C/E/1099; Partnership: 1065/8825; Corporation: 1120/1120A/1120S/8825. All entities must file supporting schedules for deductions. If payments were made to any individual/business for rent, services rendered, repairs, etc. you must provide the name, address and amount paid.

Principal Business Activity: _____
 Date business began: _____ Did you file a consolidated return? _____ (If yes, see Net Profit License Fee Instructions)
 During the past year, did Federal Authorities change or propose to change net income reported for that year or any prior year? _____ Which year(s) _____ (Attach statement if yes)
 Was there a change in ownership in the past year? _____ Date _____ New Owner: _____
 If business activity was discontinued within this locality during the year, please state when and the reason: _____

List Principal Administrative Officer Name, Address & SSN: _____

- 24. Adjusted Net business income from line 19 _____
- 25. Apportionment percentage from line 23 (enter as a decimal) _____
- 26. Net Profit subject to license fee (line 24 x line 25) _____
- 27. License Fee Due (0.80% x line 26 - Minimum License Fee \$25.00) _____
- 28. Late fee 5% per month (max not to exceed 25%/minimum \$25) _____
- 29. Interest fee 1% per month (12% per year) fraction of month = 1 month _____
- 30. Net profit license fee due Spencer County (Sum of lines 27,28, 29) _____
- 31. If you purchased a Spencer County Business License for 2023/2024
 Deduct \$25.00 from amount due. License # _____ or Estimated Pmt. _____
- 32. Subtotal (Sum of lines 30 & 31) _____

- 33. Spencer County Business License Fee for 2024/2025,
 add\$25 _____
- 34. Total amount due Spencer County (Sum of lines 32,33) _____

| | |
|----------------------------|-----------------------------|
| Preparer's Signature _____ | Signature of Licensee _____ |
| Print Name _____ | Print Name & Title _____ |
| Address _____ | Address _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Date, Fed. ID, Phone _____ | Date, Federal ID _____ |

ADJUSTED NET PROFIT CALCULATION

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 each Federal Schedule C and/or E (If reporting more than one schedule, each schedule must be reported separately) | | | |
| 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 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 1120/1120A, Pages 1 & 2; 1120S, Pages 1-3, and Schedule of other Deductions, and Rental Schedule(s) if applicable.) | | | |
| 7) Add state/local license fees or state income taxes and occupational license taxes based upon income deducted on the Federal Schedule C or E 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) Add net operating loss deducted on Form 1120/1120REIT | | | |
| 10) Pass through loss from another entity included on Federal Form | | | |
| 11) Total Income - Add Line 1 through Line 10 | | | |
| 12) Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable) Enter as negative number | | | |
| 13) Alcoholic Beverage Sales Deduction (Enter as negative number) | | | |
| 14) Pass thru profit from another entity included on Federal Return (- #) | | | |
| 15) Other Adjustments (Attach Schedule). Enter as negative number | | | |
| 16) Non-taxable income (see instructions for details) Enter as negative | | | |
| 17) Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses) Enter as negative number | | | |
| 18) Total Deductions - Add Line 12 through Line 17 | | | |
| 19) Adjusted Net Profit - Subtract Line 18 from Line 11. Enter here and on Line 24 on the front page. | | | |

WORKSHEET Y: BUSINESS APPORTIONMENT

| APPORTIONMENT FACTORS | COLUMN A SPENCER | COLUMN B TOTAL EVERYWHERE | DIVIDE (A / B = C) |
|--|------------------|---------------------------|--------------------|
| 20) PAYROLL FACTOR Compensation paid during the year to employees | | | |
| 21) SALES REVENUE FACTOR Receipts from the sale, lease or rental of goods, services or property | | | |
| 22) TOTAL PERCENTAGES | | | |
| 23) BUSINESS APPORTIONMENT - ENTER HERE AND ON LINE 2 5 OF NET PROFIT LICENSE FEE RETURN If you had both a payroll factor and a sales revenue factor, then divide line 22 by two (2) and enter the number on line 23 If you had a payroll factor or sales revenue factor, but not both, then enter the percentage from line 22 on line 23 | | | |