

# WOODFORD COUNTY TAX ADMINISTRATOR NET PROFITS LICENSE FEE RETURN

Name and Address of Business \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

|   |
|---|
| ACCOUNT NO.<br><br><input style="width: 100px; height: 20px;" type="text"/> |
| OFFICE HOURS:<br>7:30-4:00<br>MON - FRI                                     |
| (859) 873-5701  |

| CALENDAR/FISCAL YEAR ENDED |     |      |
|----------------------------|-----|------|
| MONTH                      | DAY | YEAR |
|                            |     |      |
| DUE DATE                   |     |      |
|                            |     |      |

**ATTACH A COPY OF YOUR FEDERAL RETURN ALONG WITH 1099'S ISSUED OR A LISTING OF ALL SUBCONTRACTORS USED.**

**QUESTIONS (ANSWER IN FULL)**

1. Nature of Business \_\_\_\_\_

2. Date Business Started in Woodford County \_\_\_\_\_

3. If Business was Discontinued, State When \_\_\_\_\_  
 Dissolution  or Sale  If by sale, give Name and Address of successor \_\_\_\_\_

4. Did you have employees in Woodford County?  Yes  No

5. Basis upon which tax return is prepared  Cash  Accrual

6. Business Type:  C-Corp  S-Corp  Partnership  Sole-Prop.  
 Fiduciary  Other (Specify) \_\_\_\_\_

7. Has the IRS changed the Net Income as originally reported for any prior year?  No  Yes (Attach Schedule of Changes for each year)

## SCHEDULE A

|  |
|--|
| <b>ANNUAL FARM PAYROLL</b>   |
| PAYROLL _____  |
| RATE <span style="margin-left: 100px;"><b>X 1.50%</b></span>   |
| AMOUNT DUE _____   |
| <p><b>Make checks payable and mail to:</b><br/> <b>WOODFORD COUNTY TAX ADMINISTRATOR</b><br/>                 103 SOUTH MAIN ST ROOM 201<br/>                 VERSAILLES KY 40383<br/>                 Phone Number (859) 873-5701</p> |

17. ENTER ADJUSTED NET PROFIT (from line 16) \_\_\_\_\_

18. Enter percentage from line 30. \_\_\_\_\_

19. Net Profit Allocation (line 17 x LINE 18) \_\_\_\_\_

20. License Fee - **1.5000%** of line 19 \_\_\_\_\_

21. Credits - ( ) Estimated payments or ( ) credit from prior year \_\_\_\_\_

22. Balance of license fee due (line 20 minus line 21) \_\_\_\_\_

23. Interest - **12.00 %** per annum or 1% per month  
 Calculate interest on amount owed on line 20 from original due date \_\_\_\_\_

24. Penalty - **25.00 %** MAX; \$25 Min; 5% per month \_\_\_\_\_

25. BALANCE DUE (lines 22+23+24) \_\_\_\_\_

26. If overpaid Indicate ( ) Refund or ( ) Credit  
 Refunds will be given for more than \$50.00. Otherwise your account will be credited.

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## BUSINESS APPORTIONMENT

| APPORTIONMENT FACTORS   | Woodford                                   | Total Everywhere                           | Percent                                    |
|---|--|--|--|
| 27. Receipts from the sale, lease, or rental of goods, services or property                     | <input style="width: 90%;" type="text"/>   | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| 28. Payroll Factor (employee compensation)  | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> | <input style="width: 100px;" type="text"/> |
| 29. TOTAL PERCENTS .....  |  |  | <input style="width: 100px;" type="text"/> |
| 30. AVERAGE PERCENTAGE (Line 29 divided by number of percents).....Enter on line 18; Schedule A |  |  | <input style="width: 100px;" type="text"/> |

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.

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|              |             |            |
|--------------|-------------|------------|
| Signed _____ | Title _____ | Date _____ |
|--------------|-------------|------------|

THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR. INCLUDE A COPY OF YOUR FEDERAL RETURN



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

|   | INDIVIDUAL | PARTNERSHIP | CORPORATION |
|---|------------|-------------|-------------|
| 1. Non-employee compensation reported as "other income" on Federal 1040 (Attach page 1 of 1040 and form 1099 if applicable)   |            |             |             |
| 2. Net profit per each Federal Schedule C, E, and/or F (if reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules.)   |            |             |             |
| 3. Capital gain from Federal Form 4797 of 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 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, Schedules of Other Deductions, and Rental Schedules(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 & 2 or 1120S, pages 1, 2, and 3, Schedule of other Deductions & 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 1066, 1120, 1120A, or 1120S.   |            |             |             |
| 8. Additions from Schedule K of Form 1065 or 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 to Form 1065 or 1120S and Rental Schedule(s) if applicable)   |            |             |             |
| 12. Alcoholic Beverage Sales Deduction (see directions)   |            |             |             |
| 13. Other Adjustments (attach schedule)   |            |             |             |
| 14. Professional expenses not reimbursed by the Partnership. (Attach schedule)  |            |             |             |
| 15. Total Deductions - add lines 11 through 14  |            |             |             |
| 16. Adjusted Net Profit-Subtract Line 15 from line 10. Enter here and on Line 17 on the front page.   |            |             |             |

\*Detailed instructions are available on our website: <https://woodfordcounty.ky.gov>

-go to our website

-click on forms (listed toward the top of the page)

-click on Net Profit License Fee Return Instructions