

**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](http://www.spencercountyky.gov)

Accounting Method Accrual <input type="checkbox"/> Cash <input type="checkbox"/>	For Year Ending (m/d/y)	Business Type Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>	Account #	
	Due Date		Federal ID or SSN	
			Amended Yes <input type="checkbox"/> No <input type="checkbox"/>	No Activity Yes <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 \_\_\_\_\_
- 26. Net Profit subject to license fee (line 24 x line 25) \_\_\_\_\_
- 27. License Fee Due (1.0% x line 26) \_\_\_\_\_
- 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 2010/2011  
 Deduct \$25.00 from amount due. License # \_\_\_\_\_
- 32. If you did not purchase a Spencer County Business License for 2010/2011, add \$25 (If line 27 is \$25 or less, lines 27 & 32 should equal \$25. If line 27 is more than \$25, enter 0 on this line) \_\_\_\_\_
- 33. Spencer County Business License Fee for 2011/2012, add \$25 \_\_\_\_\_
- 34. Total amount due Spencer County (Sum of lines 30,31,32,33) \_\_\_\_\_

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**

<b>1) Non-employee compensation reported as "other income" on Federal 1040 (Attach Page 1 of Form 1040 and Form 1099 if applicable)</b>			
<b>2) Net profit per each Federal Schedule C and/or E (If reporting more than one schedule, each schedule must be reported separately)</b>			
<b>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)</b>			
<b>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)</b>			
<b>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)</b>			
<b>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 &amp; 2; 1120S, Pages 1-3, and Schedule of other Deductions, and Rental Schedule(s) if applicable.)</b>			
<b>7) 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</b>			
<b>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)</b>			
<b>9) Net operating loss deducted on Form 1120/1120REIT</b>			
<b>10) Pass through loss from another entity included on Federal Form</b>			
<b>11) Total Income - Add Line 1 through Line 10</b>			
<b>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)</b>			
<b>13) Alcoholic Beverage Sales Deduction</b>			
<b>14) Pass thru profit from another entity included on Federal Return</b>			
<b>15) Other Adjustments (Attach Schedule)</b>			
<b>16) Non-taxable income</b>			
<b>17) Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)</b>			
<b>18) Total Deductions - Add Line 12 through Line 17</b>			
<b>19) Adjusted Net Profit - Subtract Line 18 from Line 11. Enter here and on Line 24 on the front page.</b>			

**WORKSHEET Y: BUSINESS APPORTIONMENT**

APPORTIONMENT FACTORS	COLUMN A SPENCER	COLUMN B TOTAL EVERYWHERE	DIVIDE (A / B = C)
<b>20) PAYROLL FACTOR</b> Compensation paid during the year to employees			
<b>21) SALES REVENUE FACTOR</b> Receipts from the sale, lease or rental of goods, services or property			
<b>22) TOTAL PERCENTAGES</b>			
<b>23) BUSINESS APPORTIONMENT - ENTER HERE AND ON LINE 2 5 OF NET PROFIT LICENSE FEE RETURN</b> 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			