

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

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 Business Activity Yes <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 2020/2021

Deduct \$25.00 from amount due. License # _____ or Estimated Pmt. _____

32. Subtotal (Sum of lines 30 & 31) _____

33. Spencer County Business License Fee for 2022/2023, 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)			
13) Alcoholic Beverage Sales Deduction			
14) Pass thru profit from another entity included on Federal Return			
15) Other Adjustments (Attach Schedule)			
16) Non-taxable income (see instructions for details)			
17) Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)			
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			