



Revenue Commission

2018 Form NP100 Net Profit License Tax Returns And Instructions

2018 Highlights and Announcements

- ❶ **IMPORTANT** - Please indicate on the Form NP100, Line 13, whether or not you wish to have the Form NP100 tax packet mailed to you for the subsequent tax year. If you leave the check box blank you will not receive Form NP100 via mail. However, it will still be available via download from the Revenue Commission's website at www.gscrevenue.com.
- ❷ Please be advised that IRS extensions **are not acceptable** unless you file a copy with this office, along with any estimated tax due, on or before the original due date of the return. Attaching a copy of the approved Federal extension at the time of filing the NP100 is not sufficient.

For additional information contact:

Georgetown/Scott County Revenue Commission
P O Box 800
Georgetown, KY 40324
Telephone: (502) 863-9805
Fax: (502) 863-9808
Hours: Monday-Friday
8:00 A.M. – 4:00 P.M.
<http://www.gscrevenue.com>

General Instructions

The following instructions are provided to aid the taxpayer in the completion of Form NP100, Net Profit License Tax Returns. They are not intended to be all-inclusive and therefore should be used only as a supplement to the existing ordinances and regulations. If you have any questions that are not addressed in these instructions please refer to the license tax ordinances and regulations.

WHO MUST FILE FORM NP100:

Corporations, partnerships, sole proprietorships, estates and trusts, or other business entities engaged in a business with 1) business activity in Georgetown/Scott County and 2) business nexus in Georgetown/Scott County sufficient to justify the imposition of the license tax.

YOU MUST FILE FORM NP100 EVEN IF:

Your business activity resulted in a loss for the tax year. Complete Form NP100 according to the instructions provided, sign the form and return to the Georgetown/Scott County Revenue Commission (GSCRC).

You were not actively engaged in business during the year but intend to resume operations at a future date. Check the box marked “No activity in jurisdiction” on Form NP100, sign the form and return it to the GSCRC.

Your business activity ceased prior to the beginning of the tax year but you have not provided written notification that operations ceased. Indicate “No activity in jurisdiction” and “Final” on Form NP100, complete question D, sign the form and return it to the GSCRC.

Your business was operational for a portion of the tax year but ceased operation prior to the completion of the fiscal year. Complete Form NP100 according to the instructions provided and indicate “Final” on the form, complete question D, sign and return it to the GSCRC.

You applied for a business license with the intention of starting a business but never transacted business within Georgetown/Scott County and do not intend to do so in the future. Indicate “No activity in jurisdiction” and “Final” on Form NP100, complete question D, sign the form and return it to the GSCRC.

Due Date

- | | |
|-------------------------------------|--|
| Year ending December 31: | The Form NP100, Net Profit License Tax Returns must be filed and all taxes paid on or before April 15, 2019. |
| Year ending other than December 31: | The Form NP100, Net Profit License Tax Returns must be filed and all taxes paid on or before the fifteenth day of the fourth month after the close of the fiscal year. |

General Instructions, Continued

Automatic Extensions

An automatic extension of time for filing the Net Profit License Tax Returns will be granted for a period not to exceed any extension granted by the Internal Revenue Service for the filing of the federal income tax return for the same year. The extension request must be a written request properly signed by the licensee or a duly authorized agent and received on or before the due date for filing. **A copy of the federal Form 4868, 8736, or 7004 for the same year may be used for the written request, provided that the licensee's federal identification number used for occupational license tax reporting purposes is plainly noted thereon.** The extension request submitted by the licensee or his agent shall set out the licensee's name and account number maintained for filing purposes, the period for which the extension of time for filing is desired, the length of extension and reason therefore.

An automatic extension of time for filing the Net Profit License Tax Returns does not extend the time for payment of the license tax. Payment of the estimated license tax liability must accompany the request for extension. Merely sending a tentative or estimated payment is not an acceptable request for an extension, and the written request for the extension must be on a separate paper from the check by which any estimated payment is made.

Interest at the rate of twelve (12) percent per annum shall apply to any unpaid license tax during the period of extension and shall be included with the amount remitted in payment of the license tax at the time of filing the Net Profit License Tax Returns. No penalty shall be assessed in those cases in which all filing and payment requirements have in good faith been fulfilled and the final license tax and interest is paid with the filing of the Net Profit License Tax Returns within the period as extended. The required estimated license tax payment is presumed to have been made in good faith provided that the taxpayer remits with the timely filed extension request 50% or more of the license tax liability as indicated on the extended Net Profit License Tax Returns.

Any automatic extension shall be granted with the understanding that all prior filing and payment requirements have been fulfilled. However, if upon further examination it becomes evident that prior filing and payment requirements have not been fulfilled, interest and penalty shall be assessed in full and in the same manner as though no extension had been granted.

State Exemptions

The following persons are exempt under Kentucky law from the net profit license tax and are not required to file a return.

1. Public Service Corporations which pay an ad valorem tax on property valued and assessed by the Kentucky Department of Revenue pursuant to the provisions of KRS 136.120.
2. Persons whose **sole** business activity is the manufacture of and/or sale of alcoholic beverages. (However, persons having only a portion of their business activity being derived from the manufacturing and/or selling of alcoholic beverages are required to file a return, but may exclude that portion of their net profits derived from such manufacture and/or sale of alcoholic beverages. See instructions for more detailed information.)
3. Life insurance companies incorporating under the laws of and doing business in the Commonwealth of Kentucky. (See KRS 136.320(4)(5)).
4. Banks, trust companies, combined banks and trust companies, combined trust, banking and title businesses and savings and loan associations, whether state or federally chartered.

General Instructions, Continued

5. Persons whose sole wages, salaries, commissions or other compensations for work performed or services rendered in Georgetown/Scott County, Kentucky, are derived from service as members of the Kentucky National Guard for active duty training, unit training assemblies and annual field training.

Special Provisions of Local Laws

The following persons are exempt under applicable ordinances from the net profit license tax and are not required to file a Net Profit License Tax Returns:

- a) With regards to income exempt from federal taxation, boards of trade, chambers of commerce, trade associations or unions, Community Chest funds or foundations, corporations or associations organized and operated exclusively for religious, charitable, scientific, literary, educational or civic purposes, or for the prevention of cruelty to children or animals; clubs or fraternal organizations operated exclusively for social, literary, educational or fraternal purposes where no part of the earnings, income or receipts of any such units, groups or associations inures to the benefits of any private shareholder or individual. Proof of Internal Revenue Service approval of not-for-profit status must be furnished upon application for a business license or upon the request of the Georgetown/Scott County Revenue Commission.
- b) Nonresidents who sell farm products, other than trees, shrubs, or ornamental plants, in Scott County, or nonresident owners who sell livestock in Scott County or who board livestock in Scott County for breeding purposes.
- c) Persons authorized by the City of Georgetown, City of Stamping Ground, City of Sadieville, City of Oxford or the Scott County Fiscal Court to demonstrate, sell or offer for sale any goods, wares or merchandise at an annual, semi-annual or other festival or arts and crafts show.
- d) Funds received from the state as a share of the tobacco settlement funds to be paid to farmers are exempt from inclusion in net profit for the purpose of calculating the net profit which is subject to this occupational license tax as follows:
 - (1) Any amount received by a producer of tobacco or a tobacco quota owner from the multistate settlement with the tobacco industry, known as the Master Settlement Agreement, signed on November 22, 1998;
 - (2) Any amount received from the secondary settlement fund, referred to as "Phase II," established by tobacco companies to compensate tobacco farmers and quota owners for anticipated financial losses caused by the national tobacco settlement; and
 - (3) Any amount received from funds of the Commodity Credit Corporation for the Tobacco Loss Assistance Program as a result of a reduction of the tobacco quota allotted from the 1998 to the 1999 calendar year as provided under Public Law 106-78, Title 8, Section 803.

Note: Those organizations that pay wages, salaries, commissions or other compensation for work performed or services rendered within Georgetown/Scott County must apply for a business license and submit withholdings on those wages, salaries, commissions or other compensation.

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING FORM NP100

Taxpayer Information

In order for your return to be processed properly you **must**:

- file using Georgetown/Scott County Revenue Commission Form NP100, Net Profit License Tax Returns.
- complete and attach the appropriate Worksheet used to determine the Adjusted Net Profit per Line 1 of Form NP100, Net Profit License Tax Returns.
- enter or verify the year for which the return is filed.
- enter or verify the federal identification number or social security number under which your federal tax return was filed.
- clearly indicate or verify the name and address of the business and note any changes.
- sign and date the return.
- attach copies of the appropriate federal tax forms and all supporting documentation. The following is a list of the most common federal tax returns required for each form of business enterprise.

| | |
|---------------------------|--|
| Sole proprietorship | U.S. Treasury Form 1040, Separate Schedules C, D, E, F, etc. |
| Fiduciary | U.S. Treasury Form 1041 |
| Partnership | U.S. Treasury Form 1065 including Schedule K |
| Corporation | U.S. Treasury Form 1120 |
| Sub-Chapter S corporation | U.S. Treasury Form 1120-S including Schedule K |

All questions must be answered fully. If the question does not apply to your business indicate “NA”.

Line A: Enter a business telephone number, including area code.

Line B: Enter the principal business activity of the entity.

Line C: Enter the principal owner and/or administrative officer’s name.

Line D: If the business was discontinued in the current or a prior year enter the date the business ceased operations. In addition, indicate whether the business was dissolved or sold. If the business was sold enter the name and address of the purchaser.

Line E: Indicate if the business entity is an affiliate of a consolidated corporate federal return.

Line F: Indicate whether or not the business had employees within Georgetown and or Scott County during the period covered by the Net Profit License Tax Return. If so, enter the number of employees.

| | |
|--------------------------------|---|
| Due date of return: | THE FIFTEENTH DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE FISCAL YEAR (APRIL 15, 2019 FOR CALENDAR YEAR FILERS) |
| Make checks payable to: | GEORGETOWN/SCOTT COUNTY REVENUE COMMISSION (abbreviated G.S.C.R.C.) |
| Mail returns to: | GEORGETOWN/SCOTT COUNTY REVENUE COMMISSION P O BOX 800 GEORGETOWN KY 40324 |

Line-by-line Instructions for Form NP100, Net Profit License Tax Returns, Continued

Tax Computation

Line 1: Enter the Adjusted Net Profit from the applicable Worksheet. This worksheet **must** be completed in order to determine your Adjusted Net Profit.

Line 2: Enter the average allocation percentage from Worksheet Y, Line 4, Column C, Parts I and II. **For Scott County Schools enter the same factor as that calculated for Scott County in Part II.**

Line 3: **CITY OF GEORGETOWN SOLE PROPRIETORS ONLY** – Subtract the \$10,000 net profit exemption if the owner of the business is age 65 or older on the last day of the taxable year. **SCOTT COUNTY ONLY** – Subtract the \$10,000 net profit exemption. All business entities pay Scott County Schools tax.

Line 4: Scott County School multiply Line 1 by Line 2. Enter the result on Line 4.

For City of Georgetown and Scott County multiply Line 1 by Line 2 then subtract Line 3. Enter the result on Line 4. If this results in a negative amount then the tax due is 0. It **does not** create a credit to use.

Line 5: Occupational tax rate.

Line 6: Multiply Line 4 by the license tax rate. Enter the result on Line 6.

Line 7: Enter on Line 7 any credits due. Indicate which of the following credits are being used.

- **Estimates** or tentative payments can be made at any time during the fiscal year. These amounts will be applied to the current year liability with any overpayment carried forward as a credit or refunded as indicated by the licensee.

Line 8: Deduct Line 7 from Line 6. Enter the result on Line 8.

Line 9: If the license tax due is not paid by the due date of the return then penalty is assessed at the rate of five (5%) percent for each calendar month or fraction of calendar month the license tax remains unpaid. This penalty is to be assessed on the first day after the due date and on the first day of each succeeding calendar month until the license tax is paid. The maximum penalty due is twenty-five (25%) percent of the license tax due and the **minimum penalty is \$25.00**. The minimums and maximums are to be applied separately to each jurisdiction. Multiply the license tax due on Line 8 by the appropriate percentage. Enter the result, but not less than \$25.00, on Line 9 for each jurisdiction.

Line 10: If the license tax due is not paid by the due date of the return then interest is assessed at the rate of twelve (12) percent per annum. Multiply the license tax due on Line 8 by the appropriate percentage. Enter the result on Line 10.

Line 11: Add Lines 8 through 10. If the balance is a positive number then enter the balance due as shown in Columns A, B and C on Line 12. **Pay this amount.** If the balance is negative you **must** indicate on Line 12 if you desire to have the overpayment refunded or applied to future returns as a credit.

Note: The period of limitation for refund of license taxes is two (2) years.

Line 13: IMPORTANT: You must indicate your desire to receive next year's Form NP100 tax packet by checking the box on line 13. If you do not check the box, a tax packet will not be mailed to you. However, the form will still be available for download on the Commission's website.



Georgetown/Scott County Revenue Commission 2018 Net Profit License Tax Returns

| |
|----------------|
| For Year Ended |
| / / |

| Name and address _____ _____ _____ | Federal ID # or Social Security # _____ _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Business type</th> </tr> <tr> <td style="width: 15px;"><input type="checkbox"/></td> <td>Individual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Corporation</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Partnership</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LLC/Individual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>LLC/Partnership</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> </table> | Business type | | <input type="checkbox"/> | Individual | <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | LLC/Individual | <input type="checkbox"/> | LLC/Partnership | <input type="checkbox"/> | Other _____ |
|--|---|--|---------------|--|--------------------------|------------|--------------------------|-------------|--------------------------|-------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|-------------|
| Business type | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Individual | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Corporation | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Partnership | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | LLC/Individual | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | LLC/Partnership | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other _____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Final return (Check only to inactivate the account-- Complete Question D) | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> No activity in jurisdictions during tax year (Check only if no activity in all jurisdictions) | | | | | | | | | | | | | | | | |
| A) Business telephone: _____ B) Principal business activity _____ | | | | | | | | | | | | | | | | |
| C) Principal owner/administrative officer _____ | | | | | | | | | | | | | | | | |
| D) If business activity was discontinued within the jurisdiction during the year, state when _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Dissolution Sale <input type="checkbox"/> If sale, name and address of successor _____ | | | | | | | | | | | | | | | | |
| Other <input type="checkbox"/> If other, describe _____ | | | | | | | | | | | | | | | | |
| E) Is the business entity an affiliate of a consolidated corporate federal return? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | | |
| F) Did you have employees in the jurisdiction during the tax year? | | YES <input type="checkbox"/> If YES, how many? NO <input type="checkbox"/> | | | | | | | | | | | | | | |

| | |
|--|---|
| Make check payable and mail to: Georgetown/Scott County Revenue Commission P O Box 800 Georgetown, Kentucky 40324 | FILING STATUS (per federal return) |
| <input type="checkbox"/> | Worksheet I Federal Schedule C, Schedule E, Schedule F or 1099-Misc |
| <input type="checkbox"/> | Worksheet P Federal Form 1065, Schedule K and rental schedule(s) |
| <input type="checkbox"/> | Worksheet C Federal Form 1120, 1120A, 1120S, Schedule K and rental schedule(s) |

| | City of Georgetown (A) | Scott County (B) | Scott County Schools (C) |
|---|---|------------------|--------------------------|
| 1) Adjusted net profit from Worksheet | | | |
| 2) Business apportionment (see reverse).. | % | % | % |
| 3) Less: Net profit exemption ...see instructions. | | \$10,000 | |
| 4) Taxable net profit ((line 1 X line 2} minus line 3) | | | |
| 5) Occupational license tax rate..... | 1% | 1% | 0.50% |
| 6) Total tax due..... | | | |
| 7) Less: Estimated payments/credits.. | | | |
| 8) Balance due..... | | | |
| 9) Late Filing/Payment Penalty 5% a month Max 25% Minimum \$25- due even if filed late with no tax due | | | |
| 10) Interest.....12% per annum..... | | | |
| 11) Total amount due/(overpayment)>> | | | |
| 12) Overpayment Refund <input type="checkbox"/> Credit <input type="checkbox"/> | Payment Due (Add Line 11, Columns A,B & C) | | |
| **13) <u>Please check this box if you need the 2019 Form NP100 mailed to you next year.</u> | | | |

RETURN MUST BE SIGNED - 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.

| | | | |
|------------------------|------|---------|----------------------|
| OFFICE USE ONLY | | | |
| Rec'd | | | |
| Preparer's signature | Date | Ck. No. | Taxpayer's signature |
| | | Amt. | Date |
| Print name | | By | Print name |
| | | | Date |

*Please do NOT staple or paperclip check to return.



Revenue Commission

WORKSHEET Y
BUSINESS APPORTIONMENT

| |
|--------------------------------------|
| Federal ID # or Social Security # |
| |

PART I - CITY OF GEORGETOWN

| APPORTIONMENT FACTORS | COLUMN A CITY OF GEORGETOWN | COLUMN B TOTAL EVERYWHERE | DIVIDE ↓ COLUMN C A ÷ B = C |
|--|--------------------------------|------------------------------|--|
| 1) PAYROLL FACTOR Compensation paid or payable to employees | | | % |
| 2) SALES REVENUE FACTOR Receipts from the sale, lease, or rental of goods, services, or property | | | % |
| 3) TOTAL PERCENTAGES | | | % |
| 4) BUSINESS APPORTIONMENT Enter here and on page 1, line 2 for Georgetown of Net Profit License Tax Return If you had both a payroll factor and a sales revenue factor everywhere, then divide line 3 by two (2). If you had a payroll factor or sales revenue factor, but not both, then enter the percentage from line 3. | | | % |

PART II - SCOTT COUNTY AND SCOTT COUNTY SCHOOLS

| APPORTIONMENT FACTORS | COLUMN A SCOTT COUNTY | COLUMN B TOTAL EVERYWHERE | DIVIDE ↓ COLUMN C A ÷ B = C |
|--|--------------------------|------------------------------|--|
| 1) PAYROLL FACTOR Compensation paid or payable to employees | | | % |
| 2) SALES REVENUE FACTOR Receipts from the sale, lease, or rental of goods, services, or property | | | % |
| 3) TOTAL PERCENTAGES | | | % |
| 4) BUSINESS APPORTIONMENT Enter here and on page 1, line 2 for Scott County and Schools of Net Profit License Tax Return If you had both a payroll factor and a sales revenue factor everywhere, then divide line 3 by two (2). If you had a payroll factor or sales revenue factor, but not both, then enter the percentage from line 3. | | | % |



Revenue Commission

******IMPORTANT******

This Worksheet along with copies of all applicable federal forms and schedules **MUST** be attached to the Net Profit License Tax Return.

Federal ID # or
Social Security #

WORKSHEET C

COMPUTATION OF ADJUSTED NET PROFIT FOR BUSINESS ENTITIES REQUIRED TO FILE U.S. CORPORATE INCOME TAX RETURN

| | | |
|-----|--|--|
| 1) | Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach the applicable 1120 or 1120A, Pages 1 and 2 or 1120S Pages 1, 2 and 3, Schedule of Other Deductions and rental schedule(s), if applicable) | |
| 2) | State income taxes and occupational taxes based on income deducted on the Federal Form 1120, 1120A or 1120S (Attach schedule) | |
| 3) | Net operating loss deducted on Form 1120 | |
| 4) | Additions from Schedule K of Form 1120S (See instructions) (Attach Schedule K of Form 1120S and rental schedule(s), if applicable) | |
| 5) | Total Income (Add lines 1 through 4) | |
| 6) | Subtractions from Schedule K of Form 1120S (See instructions) (Attach Schedule K of Form 1120S and rental schedule(s), if applicable) | |
| 7) | Alcoholic Beverage Sales Deduction (Worksheet X, Line 3) | |
| 8) | Local/other adjustments (Attach full explanation and schedule) | |
| 9) | Total adjustments (Add lines 6 through 8) | |
| 10) | Adjusted Net Profit (Subtract line 9 from line 5) Enter here and on line 1 of the Net Profit License Tax Return | |

WORKSHEET X: ALCOHOLIC BEVERAGE SALES DEDUCTION

| | | | |
|----|---|---|---|
| 1) | DIVIDE → | $\frac{\text{Kentucky Alcoholic Beverage Sales}}{\text{Total sales}}$ | % |
| 2) | Enter "Total Income" from line 5 of Worksheet C | | |
| 3) | Alcoholic Beverage Sales Deduction (multiply line 1 by line 2) Enter here and on line 7 above | | |



Revenue Commission

******IMPORTANT******

This Worksheet along with copies of all applicable federal forms and schedules **MUST** be attached to the Net Profit License Tax Return.

Federal ID # or
Social Security #

WORKSHEET I COMPUTATION OF ADJUSTED NET PROFIT FOR BUSINESS ENTITIES REQUIRED TO FILE INDIVIDUAL U.S. INCOME TAX RETURN

- | | | |
|-----|--|--|
| 1) | Non-employee compensation as reported on Form 1099-Misc reported as "Other Income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099) | |
| 2) | Net profit or (loss) per line 31 of the Federal Schedule C of Form 1040 (Attach Schedule C Pages 1 and 2) | |
| 3) | Gain or (loss) on sales of business property used in a trade or business from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797 Pages 1 and 2 and/or Form 6252) | |
| 4) | Rental income or (loss) per Federal Schedule E of Form 1040 (See instructions)(Attach Schedule E) | |
| 5) | Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F Pages 1 and 2) | |
| 6) | State income taxes and occupational license taxes based upon income deducted on the Federal Schedule C, E, or F (Attach schedule) | |
| 7) | Total Income (Add lines 1 through 6) | |
| 8) | Alcoholic Beverage Sales Deduction (Worksheet X, Line 3) | |
| 9) | Local/other adjustments (Attach full explanation and schedule) | |
| 10) | Total adjustments (Add lines 8 and 9) | |
| 11) | Adjusted Net Profit (Subtract line 10 from line 7) Enter here and on line 1 of the Net Profit License Tax Return | |

WORKSHEET X: ALCOHOLIC BEVERAGE SALES DEDUCTION

- | | | | |
|----|---|---|---|
| 1) | DIVIDE → | $\frac{\text{Kentucky Alcoholic Beverage Sales}}{\text{Total sales}}$ | % |
| 2) | Enter "Total Income" from line 7 of Worksheet I | | |
| 3) | Alcoholic Beverage Sales Deduction (multiply line 1 by line 2) Enter here and on line 8 above | | |



Revenue Commission

******IMPORTANT******

This Worksheet along with copies of all applicable federal forms and schedules **MUST** be attached to the Net Profit License Tax Return.

Federal ID # or
Social Security #

WORKSHEET P COMPUTATION OF ADJUSTED NET PROFIT FOR BUSINESS ENTITIES REQUIRED TO FILE U.S. RETURN OF PARTNERSHIP INCOME TAX RETURN

| | | |
|-----|---|--|
| 1) | 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) | |
| 2) | State income taxes and occupational taxes based on income deducted on the Federal Form 1065 (Attach schedule) | |
| 3) | Additions from Schedule K of Form 1065 (See instructions) (Attach Schedule K of Form 1065 and rental schedule(s), if applicable) | |
| 4) | Total income (Add lines 1 through 3) | |
| 5) | Subtractions from Schedule K of Form 1065 (See instructions) (Attach Schedule K of Form 1065 and rental schedule(s), if applicable) | |
| 6) | Alcoholic Beverage Sales Deduction (Worksheet X, Line 3) | |
| 7) | Local/other adjustments (Attach full explanation and schedule) | |
| 8) | Professional expenses not reimbursed by the partnership (Attach schedule of expenses) | |
| 9) | Total adjustments (Add lines 5 through 8) | |
| 10) | Adjusted Net Profit (Subtract line 9 from line 4) Enter here and on line 1 of the Net Profit License Tax Return | |

WORKSHEET X: ALCOHOLIC BEVERAGE SALES DEDUCTION

| | | | |
|----|---|---|---|
| 1) | DIVIDE → | $\frac{\text{Kentucky Alcoholic Beverage Sales}}{\text{Total sales}}$ | % |
| 2) | Enter "Total Income" from line 4 of Worksheet P | | |
| 3) | Alcoholic Beverage Sales Deduction (multiply line 1 by line 2) Enter here and on line 6 above | | |

WORKSHEET Y
BUSINESS APPORTIONMENT

Part I – City of Georgetown

Part I must be completed by all licensees with sales revenue and/or payroll both within and without the City of Georgetown. Completion of the schedule allocates to the City of Georgetown the proportionate part of the licensee’s total business activity attributable to the City. If your business is conducted entirely within the City then Part I should ***not*** be completed. Instead, enter 100% on Page 1, Line 2 of Form NP100 under the column labeled “City of Georgetown”, and complete Lines 3 through 12 of that column.

Payroll factor

Line 1, Column A: Enter the total compensation paid or payable to employees for work done or services performed or rendered **within City of Georgetown** during the period covered by the Net Profit License Tax Return.

Line 1, Column B: Enter the total compensation paid or payable to employees for work done or services performed or rendered in **all business locations** during the period covered by the Net Profit License Tax Return.

Line 1, Column C: Divide Column A by Column B. Enter the result on Line 1, Column C. Carry out to at least six (6) decimal places.

Sales revenue factor

Line 2, Column A: Enter the total sales revenue from the sale, lease, or rental of goods, services, or property received from **all City of Georgetown sources** during the period covered by the Net Profit License Tax Return.

Line 2, Column B: Enter the total sales revenue from the sale, lease, or rental of goods, services, or property received from **all sources** including the City of Georgetown during the period covered by the Net Profit License Tax Return.

Line 2, Column C: Divide Column A by Column B. Enter the result on Line 2, Column C. Carry out to at least six (6) decimal places.

Average percentage

Line 3, Column C: Add Column C, Lines 1 and 2. Enter the result on Line 3, Column C.

Line 4, Column C: Divide Line 3, Column C by the number of percents used on Lines 1 and 2, Column C. Enter the result on Line 4, Column C and Page 1, Line 2 of Form NP100 under the column labeled “City of Georgetown”.

Note: If one of the factors (payroll or sales revenue factor) is missing the remaining factor is the average allocation percentage Page 1, Line 2 of Form NP100. A factor (payroll or sales revenue) is considered missing if:

1. With regards to the payroll factor, a licensee’s entire business operation did not have ***any*** compensation paid or payable to employees for work done or services performed or rendered. (i.e. Part I, Line 1, Columns A and B both equal zero).
2. With regard to the sales revenue factor, a licensee’s entire business operation did not recognize ***any*** receipts from the sale, lease, or rental of goods, services, or property. (i.e. Part I, Line 2, Columns A and B both equal zero).

WORKSHEET Y
BUSINESS APPORTIONMENT

Part II – Scott County and Scott County Schools

Part II must be completed by all licensees with sales revenue and/or payroll both within and without Scott County. Completion of the schedule allocates to Scott County and the Scott County Schools the proportionate part of the licensee’s total business activity attributable to Scott County. If your business is conducted entirely within Scott County then Part II should ***not*** be completed. Instead, enter 100% on Page 1, Line 2 of Form NP100 under the column labeled “Scott County” and “Scott County Schools” and complete Lines 3 through 12 of that column.

Payroll factor

Line 1, Column A: Enter the total compensation paid or payable to employees for work done or services performed or rendered **within Scott County** during the period covered by the Net Profit License Tax Return.

Line 1, Column B: Enter the total compensation paid or payable to employees for work done or services performed or rendered in **all business locations** during the period covered by the Net Profit License Tax Return.

Line 1, Column C: Divide Column A by Column B. Enter the result on Line 1, Column C. Carry out to at least six (6) decimal places.

Sales revenue factor

Line 2, Column A: Enter the total sales revenue from the sale, lease, or rental of goods, services, or property received from **all Scott County sources** during the period covered by the Net Profit License Tax Return.

Line 2, Column B: Enter the total sales revenue from the sale, lease, or rental of goods, services, or property received from **all sources** including Scott County during the period covered by the Net Profit License Tax Return.

Line 2, Column C: Divide Column A by Column B. Enter the result on Line 2, Column C. Carry out to at least six (6) decimal places.

Average percentage

Line 3, Column C: Add Column C, Lines 1 and 2. Enter the result on Line 3, Column C.

Line 4, Column C: Divide Line 3, Column C by the number of percents used on Lines 1 and 2, Column C. Enter the result on Line 4, Column C and Page 1, Line 2 of Form NP100 under the column labeled “Scott County” and “Scott County Schools”.

Note: If one of the factors (payroll or sales revenue factor) is missing the remaining factor is the average allocation percentage Page 1, Line 2 of Form NP100. A factor (payroll or sales revenue) is considered missing if:

1. With regards to the payroll factor, a licensee’s entire business operation did not have ***any*** compensation paid or payable to employees for work done or services performed or rendered. (i.e. Part II, Line 1, Columns A and B both equal zero).
2. With regard to the sales revenue factor, a licensee’s entire business operation did not recognize ***any*** receipts from the sale, lease, or rental of goods, services, or property. (i.e. Part II, Line 2, Columns A and B both equal zero).

WORKSHEET C

COMPUTATION OF ADJUSTED NET PROFIT FOR BUSINESS ENTITIES REQUIRED TO FILE U.S. CORPORATE INCOME TAX RETURN

Line 1: Enter the taxable income **after** special deductions and net operating loss per federal Form 1120 or 1120A (attach a copy of federal Form 1120 or 1120A and all supporting schedules) or enter the ordinary income or (loss) per federal Form 1120S (attach a copy of federal Form 1120S, Schedule K and all supporting schedules).

Line 2: If a deduction is taken for state or local taxes (based on income) or license fees (based on income), regardless of jurisdiction, by an individual on federal Form 1120, 1120A, or 1120S then the amount of those taxes or license fees should be entered on Line 2.

Line 3: If a deduction is taken on federal Form 1120 for a net operating loss then the amount of the net operating loss should be entered (as a positive number) on Line 3.

Line 4: The following income items which are allocated to the shareholders are not included as income on federal Form 1120S and thus must be added to income on Line 4.

Net income from rental real estate activities

Net income from other rental activities

Interest income

Dividend income

Royalty income

Net short-term capital gain

Net long term capital gain

Other portfolio income

Guaranteed payments to partners

Net gain under Sec 1231 (other than due to casualty or theft)

Other income items per Schedule K

(attach schedule)

Enter the total of these items on Line 4 (attach a copy of Schedule K, and rental schedule(s), if applicable).

Line 5: Add Lines 1 through 4. Enter the total on Line 5.

Line 6: The following items which are allocated to the shareholders are not included in losses or expenses on federal Form 1120S and are allowed as deductions for license tax purposes on Line 6.

Net loss from rental real estate activities

Net loss from other rental activities

Portfolio loss

Net short-term capital loss

Charitable contributions

Net long-term capital loss

Net loss under Sec 1231 (other than due to casualty loss or theft)

Sec 179 expense

Deductions related to portfolio income

Other allowable deductions per Schedule K (attach schedule)

Enter the total of these items on Line 6 (attach a copy of Schedule K, and rental schedule(s), if applicable).

Line 7: Enter the Alcoholic Beverage Sales Deduction from Worksheet X, Line 3.

Line 8: Enter other adjustments not included elsewhere on this Worksheet (attach a full explanation, including amounts, of all items).

Line 9: Add Lines 6 through 8. Enter the total on Line 9.

Line 10: Subtract Line 9 from line 5 to determine the Adjusted Net Profit. Enter here and on Page 1, Line 1 of Form NP100.

WORKSHEET I

COMPUTATION OF ADJUSTED NET PROFIT

FOR BUSINESS ENTITIES REQUIRED TO FILE INDIVIDUAL U.S. INCOME TAX RETURN

- Line 1:** Enter the amount of non-employee compensation reported on federal Form 1099 MISC on Line 1.
Note: Line 1 should only be completed by individuals who received payments for contract services who are **not** claiming business expenses and did not own or operate a business during the year (attach a copy of federal Form 1040 and Form 1099 MISC).
- Line 2:** Enter the net profit or (loss) per federal Schedule C, C-EZ (attach a copy of Federal Form 1040 and applicable schedule(s)).
- Line 3:** Enter 100% of the short term capital gains and long term capital gains carried over from federal Form 4797 or Form 6252 (installment sales) to federal Schedule D representing gain from the sale of property used in the trade or business. In addition, enter the net gain or (loss) from the sale of property used in the trade or business per federal Form 4797 (attach a copy of federal Form 4797, Form 6252 and/or Schedule D).
- Line 4:** Enter the net rental profit or (loss) per federal Schedule E (attach a copy of Federal Form 1040 and applicable schedule(s)).
- Line 5:** Enter the net farm profit or (loss) per federal Schedule F (attach a copy of Federal Form 1040 and applicable schedule(s)).
- Line 6:** If a deduction is taken for state or local taxes (based on income) or license fees (based on income), regardless of jurisdiction, on federal Schedule C, C-EZ, E or F then the amount of those taxes or license fees should be entered on Line 6.
- Line 7:** Add Lines 1 through 6. Enter the total on Line 7.
- Line 8:** Enter the Alcoholic Beverage Sales Deduction from Worksheet X, Line 3.
- Line 9:** Enter other adjustments not included elsewhere on this Worksheet (attach a full explanation, including amounts, of all items).
- Line 10:** Add Lines 8 and 9. Enter the total on Line 10.
- Line 11:** Subtract Line 10 from line 7 to determine the Adjusted Net Profit. Enter here and on Page 1, Line 1 of Form NP100.

WORKSHEET P

COMPUTATION OF ADJUSTED NET PROFIT

FOR BUSINESS ENTITIES REQUIRED TO FILE U.S. RETURN OF PARTNERSHIP INCOME TAX RETURN

Line 1: Enter the ordinary income or (loss) per federal Form 1065 (attach a copy of federal Form 1065, Schedule K and all supporting schedules).

Line 2: If a deduction is taken for state or local taxes (based on income) or license fees (based on income), regardless of jurisdiction, by an individual on federal Form 1065 then the amount of those taxes or license fees should be entered on Line 2.

Line 3: The following income items which are allocated to the partners are not included as income on federal Form 1065 and thus must be added to income on Line 3.

Net income from rental real estate activities

Net long term capital gain

Net income from other rental activities

Other portfolio income

Interest income

Guaranteed payments to partners

Dividend income

Net gain under Sec 1231 (other than due to casualty or theft)

Royalty income

Other income items per Schedule K

Net short-term capital gain

(attach schedule)

Enter the total of these items on Line 3 (attach a copy of Schedule K, and rental schedule(s), if applicable).

Line 4: Add Lines 1 through 3. Enter the total on Line 4.

Line 5: The following items which are allocated to the partners are not included in losses or expenses on federal Form 1065 and are allowed as deductions for license tax purposes on Line 5.

Net loss from rental real estate activities

Net long-term capital loss

Net loss from other rental activities

Net loss under Sec 1231 (other than due to casualty loss or theft)

Portfolio loss

Sec 179 expense

Net short-term capital loss

Deductions related to portfolio income

Charitable contributions

Other allowable deductions per Schedule K (attach schedule)

Enter the total of these items on Line 5 (attach a copy of Schedule K, and rental schedule(s), if applicable).

Line 6: Enter the Alcoholic Beverage Sales Deduction from Worksheet X, Line 3.

Line 7: Enter other adjustments not included elsewhere on this Worksheet (attach a full explanation, including amounts, of all items).

Line 8: Enter the amount of professional expenses incurred by the partners that were NOT reimbursed by the partnership. Attach a schedule detailing these expenses.

Line 9: Add Lines 5 through 8. Enter the total on Line 9.

Line 10: Subtract Line 9 from line 4 to determine the Adjusted Net Profit. Enter here and on Page 1, Line 1 of Form NP100.

Questionnaire for
Occupational License



Form BQ100
Revised 11/2018

Revenue Commission

Note: Certain information provided on this questionnaire such as business name, business address and owner's name may be subject to public release under open records requests. However, the owner's personal information, including but not limited to social security number and/or federal identification number, home address and reported financial information is **strictly confidential and cannot be released to the public.**

Return to: Georgetown/Scott County Revenue Commission, PO Box 800, Georgetown, KY 40324

1) Business or individual name _____

2) Local business address _____ Zip Code _____
(No P O Boxes)

3) Mailing address for _____ Zip Code _____
forms (if different)

4) Email address (if applicable) _____

5) Telephone numbers Business _____ Fax _____

6) Ownership Individual Partnership Corporation S corporation
LLC/sole prop LLC/partnership Non-profit Other

7) Name of owner(s), partners, _____
or corporate officers _____

8) Social security number _____ Federal ID# _____

9) Nature of business _____

10) Date business or individual started in Georgetown/Scott County? _____ / _____ / _____ (Month/Day/Year)

11) Will you be working within the city limits of Georgetown? YES NO

12) Do you have employee working in Georgetown/Scott County? YES NO
If YES, how many? _____

13) Do you have employees that are residents of Scott County? YES NO

14) Do you have subcontractors? (If YES, attach a list and YES NO
indicate name and location of current project(s).)

15) Accounting period per federal income tax return Calendar year (12/31)
 Fiscal year _____ / _____ (Month/Day)

16) Tax preparer name, address and telephone _____
_____ Zip Code _____ Phone _____

17) Contact person name, address and telephone _____
_____ Zip Code _____ Phone _____

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT. Any false statements made herein shall be punishable according to law; and may be cause for denial of the application or the revocation of the business license. Failure to fill out the application completely may result in the disqualification of the application.
COMMUNICATION ACKNOWLEDGEMENT: Completion of this application shall serve as permission for Georgetown-Scott County Revenue Commission to contact the account holder in any of the methods set forth (phone, email, website, etc.) I understand and acknowledge that I may be contacted for collection efforts should my account become delinquent.

Signature

Printed name

Date

Form BQ100
Questionnaire for Occupational License
Instructions

COMPLETE ONLY IF YOU HAVE NOT PREVIOUSLY SUBMITTED A QUESTIONNAIRE. Please make sure that you complete all items. If an item does not apply indicate "NA". This form **MUST** be signed and dated.

- Line 1: Enter the legal business or trade name. Sole proprietors with no specific business name should enter their name.
- Line 2: Enter the address the business uses or will be using while working within Scott County.
- Line 3: Enter the mailing address for forms if different from line 2.
- Line 4: Enter the businesses email address if applicable.
- Line 5: Enter the telephone and fax numbers of the business (including area code).
- Line 6: Indicate which legal form of ownership the business uses for federal income tax reporting purposes.
- Line 7: List the names of the principal owners, partners or corporate officers.
- Line 8: Enter the social security number and/or federal identification assigned to this business for federal income tax purposes.
- Line 9: Explain the nature of the business to be conducted within Scott County.
- Line 10: Enter the date the business began work within Scott County. This may or may not be the same date the business began operations.
- Line 11: Indicate if any business activity will be conducted within the city limits of Georgetown.
- Line 12: Indicate whether or not you have employees working in Scott County. If so, enter the number.
- Line 13: Indicate whether or not any of the employees indicated on line 12 are residents of Scott County.
- Line 14: Indicate whether or not you use subcontractors to perform the work within Scott County. If so, you must provide a list of the names and addresses of those subcontractors. If you are just beginning operations in Scott County and are not sure of the names of the subcontractors you must provide a list as soon as they become available.
- Line 15: Enter the accounting period used by the business for federal income tax purposes. In most cases if your taxes are due April 15th then you are filing based upon a calendar year.
- Line 16: Enter the person's name and address that will be responsible for completing your income tax returns. If you complete the returns yourself indicate self-prepared.
- Line 17: Enter the name and address of the person you wish to designate as a contact person for matters relating to this occupational license.

YOUR RIGHTS AS A GEORGETOWN/SCOTT COUNTY OCCUPATIONAL TAX TAXPAYER

MISSION

The mission of the Georgetown-Scott County Revenue Commission (GSCRC) is to provide courteous, accurate and efficient services for the benefit of Georgetown/Scott County and its citizens, and administer the occupational tax laws of the City of Georgetown, the Scott County Fiscal Court and the Scott County Public School District in a fair and impartial manner.

RIGHTS OF OCCUPATIONAL TAX TAXPAYER

Privacy—You have the right to privacy of information provided to the GSCRC. The GSCRC is not authorized to discuss your tax matters with anyone unless you authorize the GSCRC to do so.

Assistance—You have the right to advice and assistance from the GSCRC in complying with the occupational tax laws of the City of Georgetown, the Scott County Fiscal Court and the Scott County Public School District.

Explanation—You have the right to a clear and concise explanation of:

- Waiver of penalties, interest or collection fees, in full or in part, pursuant to the GSCRC Consideration of Penalty and Interest Abatement Request Policy on the Resources tab of our website: <http://www.gscrevenue.com/Resources.aspx>;
- Procedure for an appeal of a determination of the GSCRC; and
- License tax laws and changes in license tax laws so that you can comply with the law.

Appeal—You have the right to appeal a determination of the GSCRC, such as an assessment of license tax or penalty, reduction or a denial of a refund, or a revocation of a license or permit.

Conference—You have the right to a conference to discuss a license tax matter.

Representation—You have the right to representation by an attorney, accountant or other person in any hearing or conference with the GSCRC. If you intend for your representative to come in your place, you must notify the GSCRC prior to any hearing or conference.

Recordings—You have the right to make an audio recording of any meeting, conference or hearing with the GSCRC, or to be notified in advance if the GSCRC plans to record the proceedings and to receive a copy of any recording.

Consideration—

Penalty and Interest Abatement Request:

The Commission shall have the authority to resolve occupational license fee controversies to the extent of waiving penalty or interest, or both, in whole or in part where it is shown to the satisfaction of the Commission that failure to file or pay timely is due to reasonable cause and not willful neglect. In exercising such authority, the Commission will consider the facts and circumstances of each particular matter and, where necessary, the hazards and costs of litigation. The Commission has no authority to waive any tax due.

Full Policy available online at – <https://www.gscrevenue.com/Assets/Files/Resources/PIA%20doc.pdf>

NEW FOR 2019—One Time Courtesy Waiver—Check our website for more details to see if you qualify. www.gscrevenue.com

Georgetown/Scott County
Revenue Commission, Inc
P O Box 800
Georgetown, KY 40324

RETURN SERVICE REQUESTED

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