

For Year Ended
/ /

Name and address	Federal ID # or Social Security #	Business type
		Individual Corporation Partnership LLC/Individual LLC/Partnership 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"/> NO <input type="checkbox"/>	If YES, how many? _____

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)	
TAX COMPUTATION			

	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)		

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.

Preparer's signature	Date	OFFICE USE ONLY	
		Rec'd	
Print name	Date	Ck. No.	Taxpayer's signature
		Amt.	Date
Form NP100		By	Print name
			Date