

ROWAN COUNTY KENTUCKY

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NET PROFITS LICENSE FEE RETURN

FORM MUST BE SIGNED and COMPLETED IN ITS ENTIRETY. If Federal Identification (FID) or Social Security Number (SSN) omitted, the form will be returned for further action. This must be filed and paid in full by the fifteenth day of the fourth month after the fiscal/calendar year, unless an extension has been granted.

FEIN or SSN # _____
Employer/Business/Proprietor Name _____

Address _____

City _____

State/Zip _____

Contact Name _____

Phone # _____

Email _____

Fiscal Year Ending	Due Date



During past year, did IRS change or propose to change net income report for year reported or previous year? Yes No If yes, attach schedule of change for each year changed

Was business activity discontinued? (you are still required to file this form) Yes No Discontinuation Date _____

Was business activity sold? Yes No If yes, attach separate documentation of new owner

Did you have employees during this Fiscal Year period in Rowan County? Yes No If yes, payroll withholding forms filed quarterly and annually for reconciliation of payroll taxes

Did you make payments in the sum of \$600 or more to any business or individual for services performed in Rowan County? Yes No If yes, you are required to file IRS Forms 1099 and remit a copy to County Finance Director

** Submit all name, address or ownership changes on form ADM01-06/19.

Mail to:
Rowan County Finance Director
P.O. Box 607
Morehead, KY 40351-0607
 (606)784-6218
rowanocctax@rcky.us

Information obtained from this form, including the business name, business address, names of owner(s) and agent(s) of the business, and whether or not the business is delinquent in the payment of its taxes is subject to public disclosure. All proprietary and confidential information exempt from disclosure under the Kentucky Open Records Act shall be confidential and shall not be disclosed.

The ABOVE QUESTIONS MUST be completed and required.

LINES 20 and 21 are provided using Worksheets A and B provided on page 2 of this form. The worksheet information is provided using your IRS reporting form(s).

20.	Enter ADJUSTED NET PROFIT (from line 15 from page 2 of this form)	_____
21.	Enter percentage from Line 18 or 19	_____
22.	Less Net Profit Exemption (§ 3.5.L.)	_____
23.	Rowan County Net Profit (Line 20 x Line 21)	_____
24.	Rowan County License Fee (Line 23 x 1.5%)	_____
25.	Prepayments Made / Credits / Exemptions Taken	_____
26.	Gross Due (Line 24 minus Line 25)	_____
27.	Penalty (5% per month or portion thereof, not to exceed	_____
28.	25%) Interest (12% per annum) (1% per month)	_____
29.	Total License Fee Due	_____
30.	OVERPAYMENT <input type="checkbox"/> Credit <input type="checkbox"/> Refund	_____

(RENTAL ONLY) CHECK THIS BOX _____ (10,000.00)

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.

Signature of Taxpayer Title Date

Printed Name of Tax Preparer Phone Email Date

YOU MUST ATTACH ALL SUPPORTING DOCUMENTATION, INCLUDING ATTACHMENTS, OF YOUR FEDERAL FILING ATTESTING TO INFORMATION PROVIDED ON THIS RETURN. THE WORKSHEET MUST BE COMPLETED CORRECTLY. FILL OUT ALL DATA REQUESTED ON THE FRONT OF THIS FORM.

WORKSHEET A - COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES EVEN IF A LOSS INCURRED.			
	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 or C-EZ (If reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules)		
3.	Capital gain (or loss) from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, page 1 and 2 or Form 6252)		
4.	Rental real estate and royalty Income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E)		
5.	Ordinary income/(loss) per Federal Form 1065 (Attach Federal Form 1065 and applicable schedules)		
6.	Taxable income/(loss) per Federal Form 1120 or ordinary income/(loss) per Federal Form 1120S (Attach Federal Form 1120 or 1120S Federal Schedules as applicable)		
7.	State Income Taxes and Occupational License Fees deducted on the Federal Schedule C, E, or Federal Form 1065, 1120, or 1120S		
8.	Additions from Schedule K of Federal Form 1065 or Form 1120S (Attach Federal Form 1065 or 1120S and applicable schedules)		
9.	Net operating LOSS deducted on Form 1120		
10.	Total Income - Add Lines 1 through 9		
11.	Subtractions from Schedule K of Federal Forms 1065 or 1120S (Attach Federal Form 1120 or 1120S and Federal Schedules as applicable.)		
12.	Local/Other Adjustments (Attach Full Explanation and Schedule(s))		
13.	Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)		
14.	Total Deductions - add lines 11 through 13		
15.	Adjusted Net Profit - Subtract Line 14 from Line 10. Enter here and on line 20 on page 1 of this form		
WORKSHEET B - BUSINESS APPORTIONMENT			
	COLUMN A - ROWAN COUNTY	COLUMN B -TOTAL EVERYWHERE	COLUMN A divided by COLUMN B - carry to five decimal places
16.	PAYROLL FACTOR. Compensation paid during the year to employees		
17.	SALES REVENUE FACTOR. Receipts from the sale of goods, services, rental, or property		
18.	TOTAL PERCENTAGES		
19.	BUSINESS APPORTIONMENT . If you had both a payroll factor and a sales revenue factor in Rowan County, then divide line 18 by two (2) and enter on line 21. If you had a payroll factor or sales revenue factor, but not both, then enter the percentage from 18 on line 21		