



**TAYLOR COUNTY OCC TAX OFFICE**  
**NET PROFIT LICENSE FEE RETURN**

☐ Amended

☐ Final Return

Account No. \_\_\_\_\_

<b>FOR YEAR ENDED</b>
<b>DUE DATE</b>
15th day of the fourth month following close of the year.
<b>Federal ID or Social Security No.</b>

**BUSINESS / INDIVIDUAL**

**DBA**

**MAILING ADDRESS**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP**

**PHONE**

**FAX / EMAIL**

**NATURE OF BUSINESS**

**SCHEDULE A**

**FOR OFFICIAL USE ONLY**

1. Enter NET PROFIT Calculation from line 16, second page)

2. Allocation Percentage from below Schedule B

3. NET PROFIT Allocation Line 1 times Line 2

BRING NUMBER DOWN TO NEXT LINE

4. Taylor County Net Profit

**Multiply line 4 by line 5**

5. License Fee - 1 %

6. Penalty - 5% Per Month 25% MAX \$25 MIN.

7. Interest - 1% Per Month

8. Total (Lines 5 + 6 + 7)

9. Less Credits - ( ) ESTIMATE ( ) OTHER

10. BALANCE DUE (Line 8 less Line 9) pay this amount

11. If estimate overpaid Indicate ( ) Refund or ( ) Credit

**Make checks payable and mail to:**

**TAYLOR COUNTY OCC TAX OFFICE**

203 NORTH COURT STREET, SUITE 10

CAMPBELLSVILLE KY 42718

Phone: (270) 465-9760

occtax@taylorcounty.us

**SCHEDULE B**

**NOTE: BUSINESS ALLOCATION**

**ALL PERCENTAGES IN COLUMN C SHOULD BE CARRIED OUT 5 DECIMAL PLACES**

**IF BOTH A PAYROLL FACTOR AND SALES FACTOR THEN DIVIDE BY 2, ONLY PAYROLL FACTOR OR SALES FACTOR THEN ENTER PERCENTAGE ON LINE 2**

**ALLOCATION FACTORS**

	A. Taylor County	B. ALL Locations	C.Divide A/B = C
1. PAYROLL FACTOR (Compensation to employees)			
2. SALES FACTOR Receipts from sales, lease of goods, services/property			
3. TOTAL PERCENTS .....			
4. AVERAGE PERCENTAGE (Line 3 divided by number of percents).....Enter on line 2 ABOVE			

**I certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my know**

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**COMPLETE THE APPLICABLE COLUMN BELOW AND ATTACH FEDERAL SCHEDULES**

INDIVIDUAL    PARTNERSHIP    CORPORATION

<b>1.</b> Non-employee compensation reported as “other income” on Federal 1040 (Attach Page 1 of Form 1040 and Form 1099 if applicable)			
<b>2.</b> Net profit per <b>EACH</b> Federal Schedule C, E, and/or F (If reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules.) IF LOSS PUT (0).	C _____ E _____ F _____		
<b>3.</b> Capital gain from Federal Form 4797 or Federal Form 6252 reported on Schedule D of Form 1040 (Attach supporting forms listed)			
<b>4.</b> Ordinary gain or (loss) on the sale of property used for trade or business per Federal Form 4797 (Attach supporting forms listed)			
<b>5.</b> Ordinary income or (loss) per Federal Form 1065 (Attach Form, Schedule of Other Deductions, and Rental Schedules, if applicable)			
<b>6.</b> Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Forms listed. (Attach Form, Schedule of Other Deductions, and Rental Schedules, if applicable.)			
<b>7.</b> State income taxes and occupational license taxes based upon income deducted on Federal Schedule C, E, F or Form 1065, 1120, 1120A or 1120S			
<b>8.</b> Additions from Schedule K or Form 1065 or Form 1120S (Attach Schedule K or Form 1065 or 1120S and Rental Schedules, if applicable)			
<b>9.</b> Net Operating Loss deducted on Form 1120			
<b>10. TOTAL INCOME----</b> ADD LINE 1 THROUGH LINE 9			
<b>11. SUBTRACTIONS</b> from Schedule K or Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedules, if applies)			
<b>12.</b> Other Adjustments (Attach Schedule, Senior Citizens \$2,000 Discount – only one discount per return)			
<b>13.</b> Professional expenses not reimbursed by the Partnership (Attach Schedule of Expenses)			
<b>14. Alcoholic Beverage Sales Deduction NET</b> (attach schedule)			
<b>15. TOTAL DEDUCTIONS – ADD LINES 11 --- LINE 14</b>			
<b>16. ADJUSTED NET PROFIT – SUBTRACT LINE 15 FROM LINE 10 *****TRANSFER THIS NUMBER TO LINE 1 OF SCHEDULE A -- PAGE ONE</b>			