



Boone County Fiscal Court

www.BooneCountyKy.org

2950 Washington Street

PO Box 960

Burlington, KY 41005

(859) 334-2144

(859) 334-3914 fax

Amended Net Profit Tax Return for 2015

Name: _____ Account #: _____

dba: _____ FEIN/SSN: _____

Address: _____ Due Date: _____

Net Profit return is due one hundred and five (105) days after your last accounting day of the year. Example year end is December 31 return would be due April 15 of the following year.

City, State, Zip: _____

Boone County Board of Education Tax - 1/2 of 1% (.005)

*****No Maximum*****

- 1) Adjusted Net Business Income (worksheet 1, Line 28(a))
- 2) Multiply Line 1 - by 1/2 of 1% (.005)
- 3) Late fee penalty 1% per month, 12% per year
- 4) Total Board of Education Tax

| | Original | Amended | |
|----|----------|---------|------------|
| 1) | \$ | \$ | |
| 2) | \$ | \$ | |
| 3) | \$ | \$ | Difference |
| 4) | \$ | \$ | |

Boone County Ordinance #07-27 - 8/10 of 1% (.008)

*****Max \$58,627.00/tax of \$469.02*****

- 5) Adjusted Net Business Income (worksheet 1, Line 28(b))
- 6) Multiply Line 6 - by 8/10 of 1% (.008)
- 7) Interest Fee 1% per month, 12% per year
- 8) Total Boone County Ordinance Tax

| | Original | Amended | |
|----|----------|---------|------------|
| 5) | \$ | \$ | |
| 6) | \$ | \$ | |
| 7) | \$ | \$ | Difference |
| 8) | \$ | \$ | |

Boone County Mental Health Tax Ordinance #07-26- 15/100 of 1% (.0015)

*****Max Profit \$16,666.00/tax of \$25.00*****

- 9) Adjusted Net Business Income (worksheet 1, Line 28(c))
- 10) Multiply Line 12 by 15/100 of 1% (.0015)
- 11) Interest Fee 1% per month, 12% per year
- 12) Total Mental Health Tax

| | Original | Amended | |
|-----|----------|---------|------------|
| 9) | \$ | \$ | |
| 10) | \$ | \$ | |
| 11) | \$ | \$ | Difference |
| 12) | \$ | \$ | |

Total remittance (add lines 4,8,12)

\$

Make check payable to: Boone County Fiscal Court
If Overage please specify Refund or Credit

Refund Credit

Signed: _____ Date: _____

Official Title: _____ Telephone Number: _____

Tax Form Prepared By: _____

I declare, under the penalties of perjury, that I have examined this document and to the best of my knowledge and belief, this is a true and accurate return.

Please notify in writing any changes of ownership or new address by completing a Request to Change/Close Occupational License Account which can be found on our website @ www.BooneCountyKY.org. If you have any questions please call 859-334-2144 or email Occlicense@BooneCountyKY.org

Make check payable to: Boone County Fiscal Court
Mail your return to:
(PO Box 457, Florence, KY 41022-0457) are for returns WITH PAYMENT and
(PO Box 960, Burlington, KY 41005-0960) are for returns WITHOUT PAYMENT

Account #: _____
 Year Ended: _____

Account Name: _____
 FEIN/SSN: _____

Adjusted Business Income Calculation Page (page 2 of Net Profit Return)

| | | |
|--|---------------------------------|---|
| Individual 1040 Schedule C, E, F, 1040 Other income, 1099 | Partnership Form 1065 | Corp and S-Corp Form 1120 & 1120S |
|--|---------------------------------|---|

| | | | | |
|----|---|-----|-----|-----|
| 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) | | N/A | N/A |
| 2 | Net Profit/Loss per Federal Schedule C of Form 1040 (attach Schedule C, Pages 1 & 2, Schedule C-EZ) | | N/A | N/A |
| 3 | Rental Income/Loss per Federal Schedule E of form 1040 (attach Schedule E) | | N/A | N/A |
| 4 | Net farm Profit/Loss per Federal Schedule F of form 1040 (Attach Schedule F, pages 1 & 2) | | N/A | N/A |
| 5 | Capital Gain from Federal Form 4797 or form 6252 reported on Schedule D of form 1040 (attach form 4797, Pages 1 & 2 or Form 6252) | | N/A | N/A |
| 6 | Ordinary Gain/Loss on the sale of property used in trade or business per Federal Form 4797 (Attach Form 4797, pages 1 & 2) | | N/A | N/A |
| 7 | Ordinary Income/Loss per Federal Form 1065 (Attach Form 1065, Pages 1,2,&3, Schedule of other Deductions and Rental Schedule(s), if applicable) | N/A | | N/A |
| 8 | Taxable Income/Loss per Federal Form 1120 or 1120A or Ordinary Income/Loss per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 & 2, Schedule of other Deductions, and Rental Schedule(s), if applicable) | N/A | N/A | |
| 9 | Ordinary Income/Loss per Federal Form 1120S (Attach Form 1120S, Pages 1,2 & 3, Schedule of other Deductions, and Rental Schedule(s), if applicable) | N/A | N/A | |
| 10 | State Income Taxes and Occupational taxes deducted on Federal Schedule C,E,F, or Form 1065, 1120, 1120A, or 1120S | | | |
| 11 | Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and rental schedule(s), if applicable). | N/A | | |
| 12 | Net Operating Loss deducted on Form 1120 | N/A | N/A | |
| 13 | Pass thru loss from another entity included on Federal Return | N/A | | |
| 14 | Total Income - Add Line 1 through Line 13 | | | |
| 15 | Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and rental schedule(s), if applicable). | N/A | | |
| 16 | KY Alcoholic Beverages (Attach Computation Sheet) | | | |
| 17 | Pass thru profit from another entity included on Federal Return | | | |
| 18 | Other Adjustment (Attach Schedule) | | | |
| 19 | Non-Taxable Income (Attach Schedule) | N/A | | |
| 20 | Professional Expense not reimbursed by the Partnership (Attach schedule of Expenses) | N/A | | N/A |
| 21 | Total Deductible Items - Add Lines 15 through 20 | | | |

| | | | | |
|----|--|--|--|--|
| 22 | Adjusted Net Business Income - Subtract Line 21 from Line 14 | | | |
|----|--|--|--|--|

| COMPUTATION OF APPORTIONMENT PERCENTAGES | | | | |
|--|--|---|--|--|
| All licensees who conduct a business activity in Boone County, KY must complete this part, regardless of profit or loss. | | | | |
| | Column A Boone County Factor | Column B Total Operations Everywhere | Column C Boone County % (A/B=C) | |
| 23 | Gross Receipts from sales made and/or services rendered | 23(a) | 23(b) | 23(c) |
| 24 | Gross Compensation including wages, salaries and other compensation (see instructions before completing) | 24(a) | 24(b) | 24(c) |
| 25 | Total Apportionment Factor (add Column C, lines 23 & 24) | | | 25(c) |
| 26 | Apportionment Factor (Column C line 25 divided by the number of percents used). If both lines 23(b) & 24(b) are greater than zero, divide the entry on Line 25(c) by 2 and enter here. If either Line 23(b) or 24(b) is zero, enter the amount from Line 25 here. | | | 26(c) |
| 27 | Taxable Boone County Net Profit - Multiply Line 22 by 26(c) and enter here | | | 27(c) |
| | | Boone County Board of see page 1 for maximum | Boone County 430-1 Ordinance (Line see page 1 for maximum | Boone County Mental Health see page 1 for maximum |
| 28 | Allocated Profit Enter Line 27 - transfer to page 1 where appropriate | 28(a) | 28(b) | 28(c) |
| | | (Transfer to Line 1 page 1) | (Transfer to Line 6 page1) | (Transfer to Line 11 page 1) |