



# 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 2019

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

dba: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_  
(please advise if incorrect)

Address: \_\_\_\_\_ Due Date: \_\_\_\_\_

Due date is April 15, 2020, except returns made on the basis of a fiscal year, which shall be made by the fifteenth day of the fourth month following the close of the fiscal 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 25(a))
- 2) Multiply Line 1 - by 1/2 of 1% (.005)
- 3) Interest 1% per month, 12% per year
- 4) Total Board of Education Tax

| Original | Amended |            |
|----------|---------|------------|
| \$       | \$      |            |
| \$       | \$      |            |
| \$       | \$      | Difference |
| \$       | \$      |            |

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

\*\*\*\*\*Max \$62,012.00/tax of \$496.10\*\*\*\*\*

- 5) Adjusted Net Business Income (worksheet 1, Line 25(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 |            |
|----------|---------|------------|
| \$       | \$      |            |
| \$       | \$      |            |
| \$       | \$      | Difference |
| \$       | \$      |            |

### 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 25(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 |            |
|----------|---------|------------|
| \$       | \$      |            |
| \$       | \$      |            |
| \$       | \$      | Difference |
| \$       | \$      |            |

13) Subtotal Taxes (add lines 4,8,12) \_\_\_\_\_

14) Add Annual Business License Fee \$25.00 (See instructions for multiple location fees) \_\_\_\_\_

15) Total Due (add Lines 13 and 14) \_\_\_\_\_

\$  

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 OcclLicense@BooneCountyKY.org

Make check payable to: Boone County Fiscal Court

Mail your return to:

(PO Box 457, Florence, KY 41022-0457) is for returns WITH PAYMENT and

(PO Box 960, Burlington, KY 41005-0960) is for returns WITHOUT PAYMENT

Account #: \_\_\_\_\_  
 Year Ended: \_\_\_\_\_

Account Name: \_\_\_\_\_  
 FEIN/SSN: \_\_\_\_\_

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

|   | Individual<br>1040 Schedule C, E, F, 1040<br>Other income, 1099 | Partnership<br>Form 1065 | Corp and S-Corp<br>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 <b>Total Income</b> - Add Line 1 through Line 12   |   |                          |                                      |
| 14 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   |                          |                                      |
| 15 KY Alcoholic Beverages (Attach Computation Sheet)  |   |                          |                                      |
| 16 Other Adjustment (Attach Schedule)   |   |                          |                                      |
| 17 Professional Expense not reimbursed by the Partnership (Attach schedule of Expenses)   | N/A   |                          | N/A                                  |
| 18 Total Deductible Items - Add Lines 14 through 17   |   |                          |                                      |

|  |  |  |  |
|--|--|--|--|
| 19 <b>Adjusted Net Business Income - Subtract Line 18 from Line 13</b> |  |  |  |
|--|--|--|--|

| 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<br>Boone County Factor            | Column B<br>Total Operations Everywhere                       | Column C<br>Boone County % ( A/B=C)                  |
| 20 <b>Gross Receipts from sales made and/or services rendered</b>  | 20(a)                                      | 20(b)   | 20(c)  |
| 21 <b>Gross Compensation</b> including wages, salaries and other compensation (see instructions before completing)   | 21(a)                                      | 21(b)   | 21(c)  |
| 22 <b>Total Apportionment Factor</b> (add Column C, lines 20 & 21)   |  |   | 22(c)  |
| 23 <b>Apportionment Factor</b> (Column C line 22 divided by the number of percents used). If both lines 20(b)& 21(b) are greater than zero, divide the entry on Line 22(c) by 2 and enter here. If either Line 20(b) or 21(b) is zero, enter the amount from Line 22 here. |  |   | 23(c)  |
| 24 <b>Taxable Boone County Net Profit</b> - Multiply Line 19 by 23(c) and enter here   |  |   | 24(c)  |
|  | Boone County BOE<br>see page 1 for maximum | Boone County Ordinance #07-27 (Line<br>see page 1 for maximum | Boone County Mental Health<br>see page 1 for maximum |
| 25 Allocated Profit Enter Line 24 - transfer to page 1 where appropriate   | 25(a)                                      | 25(b)   | 25(c)  |

(Transfer to Line 1 page 1)      (Transfer to Line 5 page1)      (Transfer to Line 9 page 1)