

MERCER COUNTY NET PROFITS LICENSE FEE RETURN

This return is due on or before April 15 for the Calendar Year or within 105 days of the end of your Fiscal Year.

Name and address of Business or License	Account No.	Calendar or Fiscal Year Ended	
	Make payments to: Mercer County Fiscal Court	Mo.	Day
	Mail to: Mercer County Tax Administrator 207 W Lexington St PO Box 265 Harrodsburg, KY 40330 (859) 734-6302	Year	
		Did you have employees in Mercer County? Yes No	

Mark changes, if needed

ALL LICENSEES MUST ANSWER FULLY THE QUESTIONS BELOW:

- A. Nature of Business _____
- B. Federal I.D. or Social Security # _____
- C. During the past year, did Federal Authorities change or propose to change net income reported for that year or any prior year?
 Yes No
 If yes, attach schedule of changes for each year
- D. If Organization was discontinued, state when _____
 Dissolution Sale
 If by Sale, Name and Address of New Owner

Did you make payments in the sum of \$600 or more to any individual for services performed in Mercer County (other than an employee)
 Yes No
 If yes, you are required to file Form 1099 and remit a copy to the Mercer County Tax Administrator

MERCER COUNTY SCHEDULE

- 1. Net Profit per Worksheet A _____
- 2. Worksheet B, Column C or 100% _____
- 3. Mercer County Net Profit (Line 1 x Line 2) _____
- 4. Mercer County License Fee (Line 3 x 0.45%) _____
- 5. Estimated payments/credits _____
- 6. Gross Due (Line 4 minus Line 5) _____
- 7. Penalty (5.00% per month or portion thereof, not to exceed 25.00%)
 \$25.00 MINIMUM PENALTY _____
- 8. Interest (12.00% per annum simple interest) _____
- 9. Total License Fee Due _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Signature of Taxpayer _____ Title _____ Date _____

Preparer Information _____ Date _____

YOU MUST ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN INCLUDING ALL STATEMENTS, ATTACHMENTS AND SCHEDULES AS APPLICABLE

WORKSHEET A	INDIVIDUAL	PARTNERSHIP	CORPORATION
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 or complete Form 1040PC)	_____		
2. Net profit or (loss) of the Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2, Schedule C-EZ or the complete Form 1040PC)	_____		
3. Gain or loss on sales of business property used in a trade or business from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 Or Form 6252, or the complete Form 1040PC and Schedule D)	_____		
4. Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E)	_____		
5. Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F, Pages 1 and 2, or the complete Form 1040PC)	_____		
6. Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2 and 3 and Rental Schedule(s) if applicable)		_____	
7. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary Income or (loss) per Federal Form 1120S (Attach the Applicable Form 1120, 1120A, Pages 1 and 2 or 1120S, Pages 1, 2 and 3, Schedule of Other Deductions and Rental Schedule(s) if applicable)			_____
8. State and Local Income Taxes or License Fees based on income deducted on Federal Schedule C, E, or F or Federal Form 1065, 1120, 1120A or 1120S	_____	_____	_____
9. Additions from Schedule K of Form 1065 or 1120S, including Partners' Salaries per ordinance (Attach Schedule K of Form 1065 or 1120 S and Rental Schedules, Form 8825, if applicable)		_____	_____
10. Net Operating Loss deducted on Form 1120			_____
11. Total Income (Add Lines 1 through 10)	_____	_____	_____
12. Alcoholic Beverage Sales Deduction (From Worksheet C, Line 3)	_____	_____	_____
13. Local/Other Adjustments (Attach Full Explanation and Schedule)	_____	_____	_____
14. Subtractions from Schedule K of Form 1065 or 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedules, Form 8825, if applicable)		_____	_____
15. Professional Expenses not reimbursed by the Partnership (Attach Schedule of Expenses)		_____	_____
16. Total Adjustments (Add Lines 12 through 15 inclusive)	_____	_____	_____
17. "Adjusted Net Profit" (Subtract Line 16 from Line 11)			_____

WORKSHEET B – BUSINESS APPORTIONMENT			
All licensees whose business operations were not conducted entirely in the Tax Jurisdiction must complete this part, regardless of profit or loss.			
APPORTIONMENT FACTORS	COLUMN A Tax Jurisdiction	COLUMN B Total Everywhere	COLUMN C A/B=C
PAYROLL FACTOR			
1. Compensation Paid or Payable to Employees			
SALES FACTOR			
2. Gross Receipts from Sales, Rents, Work or Service Performed			
3. TOTAL PERCENTAGES			
4. BUSINESS APPORTIONMENT (If your business had both a sales factor and a payroll factor, Divide line 3 by two (2). If the business had either a sales factor or a payroll factor, but not both, Enter the single factor percentage here and Line 2 of front page)			

WORKSHEET C – ALCOHOLIC BEVERAGE SALES DEDUCTION	
1. DIVIDE <u>Kentucky Alcoholic Beverage Sales</u> Total Sales	= _____ %
2. Enter Net of Lines 11 and 14 of Worksheet A	_____
3. Alcoholic Beverage Sales Deduction (Multiply Line 1 by Line 2)	_____