

# LAUREL COUNTY, KENTUCKY NET PROFIT LICENSE FEE RETURN

**FIRST TIME FILER**     
  **ADDRESS CORRECTION**     
  **FINAL RETURN** (BUSINES CLOSED, ALL TAXES ARE PAID, NO FUTURE ACTIVITY IS PLANNED)  
**ACCOUNT #**      **FED ID #**      **YEAR ENDED**

**NAME & ADDRESS**

MAKE CHECK PAYABLE & MAIL TO:

**TAX ADMINISTRATOR**  
**LAUREL CO. OCCUPATIONAL TAX OFFICE**  
**PO BOX 650**  
**LONDON, KY 40743-0650**

PHONE: (606) 878-9766

FAX: (606) 878-9803

EMAIL: [laurelocctax@windstream.net](mailto:laurelocctax@windstream.net)

WEBSITE: <https://lcotax.com>

**A FEE OF \$25.00 WILL BE CHARGED FOR RETURNED CHECKS.**

**SECTION A**

1. **NET PROFIT PER ATTACHED RETURN** \_\_\_\_\_  
(SEE INSTRUCTIONS)
2. **ADD ITEMS NOT DEDUCTIBLE (LIST)** \_\_\_\_\_  
**STATE & LOCAL TAXES** \_\_\_\_\_
3. **DEDUCT ITEMS NOT SUBJECT (LIST)** \_\_\_\_\_
4. **TOTAL** \_\_\_\_\_  
(LINE #1 PLUS LINE #2 LESS LINE #3)
5. **SECTION B LINE D, OR 100%** \_\_\_\_\_ %
6. **LAUREL COUNTY NET PROFIT** \_\_\_\_\_  
(LINE #4 X LINE #5)
7. **LAUREL COUNTY LICENSE FEE** \_\_\_\_\_  
(LINE 6 X .01)
8. **ESTIMATED PAYMENTS / CREDITS** \_\_\_\_\_
9. **LONDON PRIVILEGE LICENSE FEE** \_\_\_\_\_  
\*\*\*\* NO MORE THAN LINE 7 \*\*\*\*  
\*\*\*\* SEE INSTRUCTIONS \*\*\*\*
10. **BALANCE** \_\_\_\_\_  
(LINE #7 LESS LINE #8 LESS LINE #9)
11. **PENALTY-  EXTENSION FILED** \_\_\_\_\_  
5% PER MONTH, 25% MAX, \$25 MIN
12. **INTEREST – 1% PER MONTH** \_\_\_\_\_
13. **BALANCE DUE - PAY THIS AMOUNT** \_\_\_\_\_  
(LINE #10 PLUS LINE #11 PLUS LINE #12)
14. **OVERPAYMENT** \_\_\_\_\_  
(LINE #10)  
 REFUND       APPLY TO NEXT YEAR

**SECTION B**

**BUSINESS ALLOCATION PERCENTAGE FACTORS**  
(ROUND TO NEAREST HUNDRETH)

	<b>COLUMN A</b> COUNTY	<b>COLUMN B</b> TOTAL	<b>COLUMN C</b> COL. A / COL. B
A. GROSS INCOME .....	\$ _____	\$ _____	_____ %
(IF NOT APPLICABLE WRITE "N/A" IN COLUMN C)			
B. TOTAL WAGES & OTHER COMPENSATION.....	\$ _____	\$ _____	_____ %
(IF NOT APPLICABLE WRITE "N/A" IN COLUMN C)			
C. TOTAL PERCENTS (LINE A PLUS LINE B) .....			_____ %
D. AVERAGE PERCENTAGE (LINE C DIVIDED BY NUMBER OF APPLICABLE PERCENTS)			_____ %
IF ONLY ONE OF THE FACTORS ON LINE A & B, ENTER % FROM LINE C HERE. ENTER ON LINE #5			_____ %

**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

\_\_\_\_\_  
PREPARER TELEPHONE NUMBER

\_\_\_\_\_  
DATE

**YOU MUST ATTACH A COMPLETE COPY INCLUDING ALL ATTACHMENTS OF YOUR FEDERAL RETURN (SEE INSTRUCTIONS)**

**DUE DATE: APRIL 15, OR WITHIN 105 DAYS AFTER CLOSE OF FISCAL YEAR**

# INSTRUCTIONS FOR NET PROFIT RETURN

More information available at <https://lcotax.com>

## WHO MUST FILE?

1. ALL BUSINESSES REGARDLESS OF WHETHER THE BUSINESS RESULTED IN A PROFIT OR LOSS.  
**(\$25.00 MINIMUM PENALTY FOR FAILURE TO FILE WILL APPLY EVEN IF THE BUSINESS RESULTS IN A LOSS)**
2. **INDIVIDUALS** AND THOSE FIDUCIARIES ACTING ON BEHALF OF INDIVIDUALS OR DECEASED INDIVIDUALS HAVING COMPENSATION RECEIVED FOR THE RENTING OR LEASING OF **RESIDENTIAL** RENTAL PROPERTY LOCATED WITHIN LAUREL COUNTY IS GREATER THAN OR EQUAL TO \$10,000 A YEAR. UNITS THAT ARE RENTED ON A DAY TO DAY BASIS ARE NOT CONSIDERED RESIDENTIAL RENTAL PROPERTY (I.E. MOTELS, HOTELS, ETC.).

**INDIVIDUALS WHO "ONLY" RECEIVE GROSS RESIDENTIAL RENTS OF LESS THAN \$10,000 A YEAR MAY ENTER THE WORD "EXEMPT" ON SECTION A LINE 1, SIGN THE RETURN, ATTACH SCHEDULE E, AND ARE NOT REQUIRED TO COMPLETE ANY OTHER SECTION. ALL OTHER RENTS ARE TAXABLE AND MUST COMPLETE THE RETURN.**

**ENCLOSE ONE COMPLETE COPY WITH ALL ATTACHMENTS OF THE FOLLOWING RETURNS AS APPLICABLE:**

<b>SELF EMPLOYED</b>	SCH C (1040) / FEDERAL	<b>CORPORATION</b>	ALL PAGES OF FEDERAL FORM 1120
<b>RENTALS</b>	SCH E ( 1040) / FEDERAL FORM 4835 / (1040) FEDERAL	<b>S CORPORATION</b>	ALL PAGES OF FEDERAL FORM 1120S
<b>FARMING</b>	SCH F (1040) / FEDERAL	<b>PARTNERSHIP</b> <b>ESTATES OR TRUSTS</b>	ALL PAGES OF FEDERAL FORM 1065 ALL PAGES OF FEDERAL FORM 1041

**INCLUDING ALL ATTACHED STATEMENTS \*\*\*NOTE K-1'S ARE NOT REQUIRED TO BE ATTACHED\*\*\***

**1099'S REQUIRED:** ANY BUSINESS WHICH MAKES 1099 PAYMENTS ARE REQUIRED TO SUBMIT A COPY OF FORM 1099 TO THE COUNTY BY FEBRUARY 28 OF THE FOLLOWING YEAR. A LIST MAY BE USED IN LIEU OF 1099'S. THE LIST **MUST** INCLUDE NAME, ADDRESS, TELEPHONE NUMBER, FEDERAL ID NUMBER, AND AMOUNT OF COMPENSATION.

**SECTION A-TAX COMPUTATION** SHOULD BE COMPLETED BY ALL PERSONS OR BUSINESSES WHO HAVE LAUREL COUNTY SALES/INCOME AND/OR PAYROLLS. FOLLOWING IS A LINE-BY-LINE INSTRUCTION.

**LINE 1.** ENTER THE NET PROFIT OR LOSS FROM THE FORMS WHICH APPLY TO YOU. **PARTNERSHIPS AND S CORPORATIONS: INCOME SECTION LESS DEDUCTIONS SECTION FROM FORM 1065 SCHEDULE K OR FORM 1120S SCHEDULE K. CORPORATIONS SHOULD USE TAXABLE INCOME FROM PAGE 1 OF FORM 1120.** A SEPARATE NET PROFIT RETURN MUST BE COMPLETED FOR EACH BUSINESS. FOR EXAMPLE, A SELF-EMPLOYED ENTITY WHO OWNS RENTAL PROPERTY CANNOT COMBINE THEIR SCHEDULE C AND SCHEDULE E PROFITS AND/OR LOSSES TOGETHER.

**LINE 2. ITEMS NOT DEDUCTIBLE (ATTACH LIST)** (i.e.) STATE AND/OR LOCAL TAXES BASED ON INCOME AND NET OPERATING LOSS CARRYOVER'S ARE NOT DEDUCTIBLE. THESE FEDERAL DEDUCTIONS MUST BE ADDED BACK.

**LINE 3. ITEMS NOT SUBJECT (ATTACH LIST)** (I.E.) **PAYMENTS RECEIVED FROM THE NATIONAL TOBACCO SETTLEMENT AND TOBACCO LOSS ASSISTANCE PROGRAM (TLAP). THIS INCOME SHOULD BE DEDUCTED.**

**LINE 5.** IF YOUR BUSINESS SALES AND PAYROLL IS EXCLUSIVE TO LAUREL COUNTY, ENTER 100% AND GO TO LINE 6. OTHERWISE, COMPLETE SECTION B AND ENTER THE PERCENTAGE FROM LINE D HERE.

**LINE 8.** INCLUDE **ESTIMATED PAYMENTS, CREDITS AND/OR THE SENIOR EXEMPTION (AGE 65 AND OVER OF \$20.00).**

**LINE 9.** ENTER THE AMOUNT YOU PAID FOR **THIS TAX YEAR'S CITY OF LONDON PRIVILEGE LICENSE** BUT NOT MORE THAN LINE 7. THE CITY PRIVILEGE LICENSE **CANNOT** CREATE AN OVERPAYMENT.

**LINE 11.** IF YOUR RETURN IS FILED TIMELY, SKIP LINE 11. A TIMELY FILED RETURN IS ONE THAT IS POSTMARKED BY THE DUE DATE INCLUDING **APPROVED EXTENSIONS (SEE EXTENSIONS BELOW).** OTHERWISE, CALCULATION SHOULD BE MADE ON A MONTHLY BASIS. A FRACTION OF A MONTH IS COUNTED AS AN ENTIRE MONTH. **THE LATE PAYMENT OR LATE FILING PENALTY IS 5% PER MONTH, MAXIMUM 25%, MINIMUM PENALTY IS \$25.00.**

**LINE 12.** IF YOUR TAX IS PAID BY THE **ORIGINAL DUE DATE,** SKIP LINE 12. OTHERWISE, CALCULATION SHOULD BE MADE ON A MONTHLY BASIS. A FRACTION OF A MONTH IS COUNTED AS AN ENTIRE MONTH. THE FORMULA FOR CALCULATION IS: **LINE 10 X .01 X NUMBER OF MONTHS LATE.**

**EXTENSIONS** - AN AUTOMATIC **SIX-MONTH** EXTENSION OF TIME FOR FILING A RETURN WILL BE GRANTED IF A WRITTEN REQUEST IS SUBMITTED AND THE AMOUNT OF PROPERLY ESTIMATED TAX IS PAID ON OR BEFORE THE ORIGINAL DUE DATE. **A COPY OF THE FEDERAL EXTENSION MAY BE USED FOR THE WRITTEN REQUEST, PROVIDED THAT THE LICENSEE'S LOCAL ACCOUNT NUMBER IS PLAINLY NOTED THEREON.** THIS IS ONLY AN EXTENSION FOR FILING YOUR RETURN AND IS NOT AN EXTENSION OF TIME TO PAY THE TAX. **INTEREST WILL BE ASSESSED ON TAX PAID AFTER THE ORIGINAL DUE DATE. PENALTY MAY BE ASSESSED** UNLESS A GOOD FAITH ESTIMATE HAS BEEN PAID AND THE FINAL LICENSE FEE AND INTEREST IS PAID WITH THE FILING OF THE RETURN.

**LINE 14.** ENTER THE AMOUNT OF OVERPAYMENT. THE CITY PRIVILEGE LICENSE AND/OR THE SENIOR EXEMPTION **CANNOT** CREATE AN OVERPAYMENT. YOU **MUST CHECK THE REFUND BOX IF YOU WANT YOUR OVERPAYMENT.**