

# WOODFORD COUNTY TAX ADMINISTRATOR NET PROFITS LICENSE FEE RETURN

Name and Address of Business      INDICATE ANY NAME OR ADDRESS CHANGE ABOVE	ACCOUNT NO.	CALENDAR/FISCAL YEAR ENDED		
		MONTH	DAY	YEAR
	OFFICE HOURS: 8:00-5:00 MON - FRI	DUE DATE		
	<b>(859) 873-5701</b>	Attach a copy of Federal Tax Return used as basis of License Fee and 1099's issued for work in Woodford County.		

**QUESTIONS (ANSWER IN FULL)**

1. Nature of Business _____ 2. Date Business Started in Woodford County _____ 3. If Business was Discontinued, State When _____ Dissolution <input type="checkbox"/> or Sale <input type="checkbox"/> If by sale, give Name and Address of successor	4. Did you have employees in Woodford County? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Basis upon which tax return is prepared <input type="checkbox"/> Cash <input type="checkbox"/> Accrual 6. Business Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Prop. <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other (Specify) _____ 7. Has the IRS changed the Net Income as originally reported for any prior year? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Schedule of Changes for each year)
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## SCHEDULE A

<b>ANNUAL PAYROLL</b>  PAYROLL _____  RATE <span style="margin-left: 100px;">X 1.50%</span>  AMOUNT DUE _____	17. ENTER ADJUSTED NET PROFIT (from line 16) 18. Enter percentage from line 30. 19. Net Profit Allocation (line 17 x LINE 18) 20. License Fee - <b>1.5000%</b> of line 19 21. Credits - ( ) Estimated payments or ( ) credit from prior year 22. Balance of license fee due (line 20 minus line 21) 23. Interest - <b>12.00 %</b> per annum or 1% per month Calculate interest on amount owed on line 20 from original due date 24. Penalty - <b>25.00 %</b> MAX; \$25 Min; 5% per month 25. BALANCE DUE (lines 22+23+24) 26. If overpaid Indicate ( ) Refund or ( ) Credit Refunds will be given for more than \$50.00. Otherwise your account will be credited.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> <tr><td style="width: 15px; height: 20px;"></td><td style="width: 15px; height: 20px;"></td></tr> </table>																				
Make checks payable and mail to: <b>WOODFORD COUNTY TAX ADMINISTRATOR</b> 103 SOUTH MAIN ST ROOM 201 VERSAILLES KY 40383 Phone Number (859) 873-5701																						

## BUSINESS APPORTIONMENT

APPORTIONMENT FACTORS	Woodford	Total Everywhere	Percent
27. Receipts from the sale, lease, or rental of goods, services or property			
28. Payroll Factor (employee compensation)			
29. TOTAL PERCENTS .....			
30. AVERAGE PERCENTAGE (Line 29 divided by number of percents).....Enter on line 18; Schedule A			

I hereby certify, under penalty of perjury, that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.

Signed	Title	Date
<b>THIS RETURN IS DUE ON OR BEFORE APRIL 15, FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF YOUR FISCAL YEAR</b>		

