



Boone County Fiscal Court

www.BooneCountyKy.org
2950 Washington Street
PO Box 960
Burlington, KY 41005
(859) 334-2144 (859) 334-3914 fax
OccLicense@BooneCountyKY.org

Net Profit Tax Return for 2006

Use this form if your year end is between January 1, 2006 and December 31, 2006

Name: _____ Account #: _____
dba: _____ FEIN/SSN: _____
Address: _____ Due Date: _____
City, State, Zip: _____

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

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

1) Adjusted Net Business Income (worksheet 1, Line 22) \$ _____
2) Multiply Line 1 - by 1/2 of 1% (.005) \$ _____
3) Interest 1% per month, 12% per year \$ _____
4) Total Board of Education Tax \$ _____

Boone County Ordinance #430-1A - 8/10 of 1% (.008)

*****Max Profit \$48,072/tax of \$384.58*****

5) Adjusted Net Business Income (worksheet 1, Line 22) \$ _____
6) Multiply Line 5 - by 8/10 of 1% (.008) (Not greater than \$384.58) \$ _____
7) Interest 1% per month, 12% per year \$ _____
8) Total Boone County Net Profit Tax \$ _____

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

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

9) Adjusted Net Business Income (worksheet 1, Line 22) \$ _____
10) Multiply Line 9 by 15/100 of 1% (.0015) (Not greater than \$25.00) \$ _____
11) Interest 1% per month, 12% per year \$ _____
12) Total Mental Health Tax \$ _____

13) Subtotal (add lines 4, 8 and 12) \$ _____

14) Add Annual Business License Fee (\$25.00 per each physical location)** \$ _____

15) Total Taxes and License Fees Due (line 13 plus line 14) \$ _____

16) Overpayment from Prior Year \$ _____

17) Estimated Tax Payment with Extension \$ _____

18) Total Prior Year & Estimated Payments (Add lines 16 plus 17) \$ _____

Total remittance (line 15 less line 18) \$ _____

Make check payable to: Boone County Fiscal Court

If Overage, Refund or Credit Refund Credit

You must attach a copy of the Federal Tax Return, Supporting Schedules (include all pages)

and complete page two - Adjusted Business Income

**** Please include a list of the physical locations with this return****

Signed: _____ Date: _____

Printed Name _____ Official Title _____

Tax Form Prepared By: _____ Telephone _____ E-mail _____

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.

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 #: _____

Account Name: _____

Year Ended: _____

FEIN/SSN: _____

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

	Federal Form	Individual Sch C, E, F of 1040	Partnership Form 1065	Corp and S-Corp Form 1120 & 1120S
1	Net Profit/Loss of C (Self Employment)	C=line 31 C-EZ = line 3	N/A	N/A
2	Net Profit/Loss of E (Rental Property)	E=line 26	N/A	N/A
3	Net Profit/Loss of F (Farm)	F = line 36	N/A	N/A
4	Gain/Loss sale of property used in trade or business (Form 4797)	Form 4797 line 7+10+11	N/A	N/A
5	Ordinary Income per Form 1065 (Partnership)	page 4, line 1(Net Income/Loss Analysis)	N/A	N/A
6	Ordinary Income per Form 1120 or 1120A before net operating loss (if 1120S see line 7) (C Corp)	1120 = line 28 page 1 1120A = line 24 page 1	N/A	
7	Ordinary Income per Form 1120S (S Corp)	Sch K line 17e	N/A	
8	Net Business Income	Add Lines 1-7		

Non Deductible Items

9	State & Local License Fees and/or taxes <u>based on income</u>	based on records		
10	Pass thru loss from another entity included on Federal Return		N/A	
11	Other -must attach explanation			
12	Total Non Deductible Items	Add lines 9-11		

Deductible Items

13	KY Alcoholic Beverages (net)	based on records		
14	Pass thru profit from another entity included on Federal Return		N/A	
15	Other -must attach explanation			
16	Total Deductible Items	add lines 13-15		

17	Adjusted Net Business Income	Line 8 plus Line 12 minus Line 16		
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Calculation of Allocation Percentage

Allocation Factors	Boone County Factor Column A	Total Factor Column B	Percentage (A / B) Column C
18 Business Receipts Factor			
19 Payroll Factor (use TOTAL Boone wages, not just taxable wages)			
20 Total Percentages (add Column C, lines 18 &19)			
21 Average Allocation Percentage (Column C line 20 divided by the number of percents used)		Boone County Net Profit Line 17 x 21	
	Boone County Board of Education (Line 21) see page 1 for maximum's	Boone County 430-1 Ordinance (Line 21) see page 1 for maximum's	Boone County Mental Health (Line 21) see page 1 for maximum's
22 Allocated Profit (Line 17 above times Line 21 above) - transfer to page 1 where appropriate			

(Transfer to Line 1 page 1)

(Transfer to Line 5 page1)

(Transfer to Line 9 page 1)

Form Prepared By: _____

Date: _____ Telephone: _____

Please Print Name