



Boone County Fiscal Court

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

Net Profit Tax Return for 2007

Use this form if your year end is between January 1, 2007 and December 31, 2007

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 \$50,076.00/tax of \$400.61****

- 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 Taxes (add lines 4, 8 and 12) \$ _____

14) Add Annual Business License Fee (\$25.00 per business location) \$ _____

15) TOTAL DUE (ADD LINES 13 and 14) \$ _____

16) Overpayment from Prior Year \$ _____

17) Estimated Tax Payment with Extension \$ _____

18) Total Prior Year & Estimated Payments \$ _____

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

Make check payable to: Boone County Fiscal Court

If Overage please specify Refund Credit

You must attach a copy of the Federal Tax Return, Supporting Schedules (include all pages)
and complete page two -Calculation Of Adjusted Business Income

Signed: _____ Date: _____

Printed Name _____ Official Title: _____

Tax Form Prepared By: _____ Telephone Number: _____

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 OccLicense@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.