

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 2021

Use this form if your year end is between January 1, 2021 and December 31, 2021

Name:	Account #:	
dba:	FEIN/SSN:	
Address:	Due Date: Due date is April 15, 2022, except returns made on the basis of a fiscal year, which	
City, State, Zip:	shall be made by the fifteenth day of the fourth month following the close of the fiscal year.	
Boone County Board of Education Tax - 1/2 of 1% (.005) *****No Maximum******		
1) Adjusted Net Business Income (worksheet 1, Line 25(a))	\$	
2) Multiply Line 1 - by 1/2 of 1% (.005)	\$	
3) Late filing and/or Paying Penalty Fee	\$	<u></u>
5% per month, maximum not to exceed 25%, Minimum \$25		
4) Interest Fee (1% per month, 12% per year)	\$	<u></u>
5) Total Board of Education Tax		\$
Boone County Ordinance #07-27 - 8/10 of 1% (.008) ******Max \$63,758.00/tax of \$510.07*****		
6) Adjusted Net Business Income (worksheet 1, Line 25(b))	\$	
7) Multiply Line 6 - by 8/10 of 1% (.008) (Not greater than \$510.07)	\$	
8) Late filing and/or Paying Penalty Fee	\$	
5% per month, maximum not to exceed 25%, Minimum \$25		
9) Interest fee 1% per month, 12% per year	\$	
10) Total Boone County Net Profit Tax		\$
Boone County Mental Health Tax Ordinance #07-26- 15/100 of 1 ******Max Profit \$16,666.00/tax of \$25.00*****	1% (.0015)	
11) Adjusted Net Business Income (worksheet 1, Line 25(c))	\$	
12) Multiply Line 11- by 15/100 of 1% (.0015) (Not greater than \$25.00)	\$	
13) Late filing and/or Paying Penalty Fee	\$	
5% per month, maximum not to exceed 25%, Minimum \$25	Ψ	
14) Interest fee 1% per month, 12% per year	\$	
15) Total Mental Health Tax		<u>——</u> \$
16) Subtotal Taxes (add lines 5,10,15)		\$
17) Add Regulatory Business License Fee (\$25.00 Minimum - See ins	tructions for multiple locations)	\$
18) TOTAL DUE (ADD LINES 16 and 17)	tractions for manaple locations,	\$
19) Overpayment from Prior Year	\$	Ψ
20) Estimated Tax Payment with Extension	\$	
21) Total Prior Year & Estimated Payments (ADD LINES 19 and 20)	<u> </u>	
Total remittance (line 18 less line 21)		\$
Make check payable to: Boone County Fiscal Court	Defined	Crodit
If Overage please specify Refund or Credit	Refund	Credit
You must attach a copy of the Federal Tax Ref		,
and complete page two -Calculati	on or Aujusted business inco	Offic
Signed:	Date:	
Printed Name	Official Title:	
Tax Form Prepared By:	Telephone Number:	
	E-mail	
I declare, under the penalties of perjury, that I have examined this document and to	the best of my knowledge and belief, t	his 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.

Adjusted Business Income Calculation Page (page 2 of Net Profit Return) Individual 1040 Schedule C, E, F, 1040 Other income, 1099 Non-employee Compensation as reported on Form 1099-Misc reported as "other income", 1 on Federal Form 1040 (attach Schedule 1 of Form 1040 and Form 1099) Non-employee Compensation as reported on Form 10940 and Form 1099) N/A Net Profit/Loss per Federal Schedule C of Form 1040 (attach Schedule C or Schedule C- 2 EZ and Schedule 1) N/A Net farm Profit/Loss per Federal Schedule E of Form 1040 (attach Schedule E and Schedule C) Schedule 1) N/A N/A Net farm Profit/Loss per Federal Schedule F of Form 1040 (Attach Schedule F and Schedule C) Schedule 1) N/A N/A N/A N/A N/A Capital Gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (attach Form 4797 or Form 6252 reported on Schedule D of Form 1040 (attach Form 4797 or Form 6252) Ordinary Gain/Loss on the sale of property used in trade or business per Federal Form 4797 (Attach Form 4797) N/A Ordinary Income/Loss per Federal Form 1065 (Attach Form 1085, Schedule of other Deductions and Rental Schedule(s), if applicable) N/A N/A N/A N/A N/A N/A N/A N/		
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State Income Taxes and Occupational taxes deducted on Federal Schedule C,E,F, 10 or Form 1065, 1120, 1120A, or 1120S		
Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 11 1065 or 1120S and rental schedule(s), if applicable).		
12 Net Operating Loss deducted on Form 1120 N/A N/A		
13 Total Income - Add Line 1 through Line 12		
Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 14 1065 or 1120S and rental schedule(s), if applicable). N/A		
15 KY Alcoholic Beverages (Attach Computation Sheet)		
16 Other Adjustment (Attach Schedule)		
17 Professional Expense not reimbursed by the Partnership (Attach schedule of Expenses) N/A N/A		
18 Total Deductible Items - Add Lines 14 through 17		
to Adjusted Net Business Income. Subtract Line 40 from Line 42		
19 Adjusted Net Business Income - Subtract Line 18 from Line 13		
COMPUTATION OF APPORTIONMENT PERCENTAGES		
All licensees who conduct a business activity in Boone County, KY must complete this part, regardless of profit or loss. Column A Column B Column		
20(a) 20(b) 20(c)	(142-0)	
20 Gross Receipts from sales made and/or services rendered Gross Compensation including wages, salaries and other compensation (see 21(a) 21(b) 21(c)		
21 instructions before completing) 22(c)		
22 Total Apportionment Factor (add Column C, lines 20 & 21) Apportionment Factor (Column C line 22 divided by the number of percents used). If 23(c)		
both lines 20(b) 21(b) are greater than zero, divide the entry on Line 22(c) by 2 and 23 enter here. If either Line 20(b) or 21(b) is zero, enter the amount from Line 22 here.		
24 Taxable Boone County Net Profit - Multiply Line 19 by 23(c) and enter here		
Boone County BOE Boone Cty Ordinance #07-27 Boone Cty Mental Hea see page 1 for maximum see page 1 for maximum see page 1 for		
25(a) 25(b) 25(c)		
25 Allocated Profit Enter Line 24 - transfer to page 1 where appropriate (Transfer to Line 1 page 1) (Transfer to Line 6 page1) (Transfer to Line 6 page1)	11 page 1)	

Account Name:_

Account #: _