



# Boone County Fiscal Court

www.BooneCountyKy.org

2950 Washington Street

PO Box 960

Burlington, KY 41005

(859) 334-2144

(859) 334-3914 fax

## Amended Net Profit Tax Return for 2022

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

dba: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_  
(please advise if incorrect)

Address: \_\_\_\_\_ Due Date: \_\_\_\_\_

Due date is April 18, 2023, except returns made on the basis of a fiscal year, which shall be made by the fifteenth day of the fourth month following the close of the fiscal year.

City, State, Zip: \_\_\_\_\_

### 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) Interest 1% per month, 12% per year
- 4) Total Board of Education Tax

	Original	Amended	
\$			
\$			
\$			Difference
\$			

### Boone County Ordinance #07-27 - 8/10 of 1% (.008)

\*\*\*\*\*Max \$67,179.00/tax of \$537.43\*\*\*\*\*

- 5) Adjusted Net Business Income (worksheet 1, Line 25(b))
- 6) Multiply Line 6 - by 8/10 of 1% (.008)
- 7) Interest Fee 1% per month, 12% per year
- 8) Total Boone County Ordinance Tax

	Original	Amended	
\$			
\$			
\$			Difference
\$			

### Boone County Mental Health Tax Ordinance #07-26- 15/100 of 1% (.0015)

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

- 9) Adjusted Net Business Income (worksheet 1, Line 25(c))
- 10) Multiply Line 12 by 15/100 of 1% (.0015)
- 11) Interest Fee 1% per month, 12% per year
- 12) Total Mental Health Tax

	Original	Amended	
\$			
\$			
\$			Difference
\$			

13) Subtotal Taxes (add lines 4,8,12) \_\_\_\_\_

14) Add Annual Business License Fee \$25.00 (See instructions for multiple location fees) \_\_\_\_\_

15) Total Due (add Lines 13 and 14) \_\_\_\_\_

\$  

Make check payable to: Boone County Fiscal Court

If Overage please specify Refund or Credit

Refund

Credit

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Official Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Tax Form Prepared By: \_\_\_\_\_

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 OcclLicense@BooneCountyKY.org

Make check payable to: Boone County Fiscal Court

Mail your return to:

PO Box 791638 Baltimore, MD 21279-1638) is for returns WITH PAYMENT

(PO Box 960, Burlington, KY 41005-0960) is for returns WITHOUT PAYMENT

Account #: \_\_\_\_\_  
 Year Ended: \_\_\_\_\_

Account Name: \_\_\_\_\_  
 FEIN/SSN: \_\_\_\_\_

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

	Individual 1040 Schedule C, E, F, 1040 Other income, 1099	Partnership Form 1065	Corp and S-Corp Form 1120 & 1120S
1 Non-employee Compensation as reported on Form 1099-Misc reported as "other income" on Federal Form 1040 (attach Page 1 of Form 1040 and Form 1099)		N/A	N/A
2 Net Profit/Loss per Federal Schedule C of Form 1040 (attach Schedule C, Pages 1 & 2, Schedule C-EZ)		N/A	N/A
3 Rental Income/Loss per Federal Schedule E of form 1040 (attach Schedule E)		N/A	N/A
4 Net farm Profit/Loss per Federal Schedule F of form 1040 (Attach Schedule F, pages 1 & 2)		N/A	N/A
5 Capital Gain from Federal Form 4797 or form 6252 reported on Schedule D of form 1040 (attach form 4797, Pages 1 & 2 or Form 6252)		N/A	N/A
6 Ordinary Gain/Loss on the sale of property used in trade or business per Federal Form 4797 (Attach Form 4797, pages 1 & 2)		N/A	N/A
7 Ordinary Income/Loss per Federal Form 1065 (Attach Form 1065, Pages 1,2,&3, Schedule of other Deductions and Rental Schedule(s), if applicable)	N/A		N/A
8 Taxable Income/Loss per Federal Form 1120 or 1120A or Ordinary Income/Loss per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 & 2, Schedule of other Deductions, and Rental Schedule(s), if applicable)	N/A	N/A	
9 Ordinary Income/Loss per Federal Form 1120S (Attach Form 1120S, Pages 1,2 & 3, Schedule of other Deductions, and Rental Schedule(s), if applicable)	N/A	N/A	
10 State Income Taxes and Occupational taxes deducted on Federal Schedule C,E,F, or Form 1065, 1120, 1120A, or 1120S			
11 Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and rental schedule(s), if applicable).	N/A		
12 Net Operating Loss deducted on Form 1120	N/A	N/A	
13 <b>Total Income</b> - Add Line 1 through Line 12			
14 Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 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			

19 <b>Adjusted Net Business Income - Subtract Line 18 from Line 13</b>			
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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 Boone County Factor	Column B Total Operations Everywhere	Column C Boone County % ( A/B=C)
20 <b>Gross Receipts from sales made and/or services rendered</b>	20(a)	20(b)	20(c)
21 <b>Gross Compensation</b> including wages, salaries and other compensation (see instructions before completing)	21(a)	21(b)	21(c)
22 <b>Total Apportionment Factor</b> (add Column C, lines 20 & 21)			22(c)
23 <b>Apportionment Factor</b> (Column C line 22 divided by the number of percents used). If both lines 20(b)& 21(b) are greater than zero, divide the entry on Line 22(c) by 2 and enter here. If either Line 20(b) or 21(b) is zero, enter the amount from Line 22 here.			23(c)
24 <b>Taxable Boone County Net Profit</b> - Multiply Line 19 by 23(c) and enter here			24(c)
	Boone County BOE see page 1 for maximum	Boone County Ordinance #07-27 (Line see page 1 for maximum	Boone County Mental Health see page 1 for maximum
25 Allocated Profit Enter Line 24 - transfer to page 1 where appropriate	25(a)	25(b)	25(c)

(Transfer to Line 1 page 1)      (Transfer to Line 5 page1)      (Transfer to Line 9 page 1)