

## 2021 GARRARD COUNTY ANNUAL LICENSE FEE RETURN

This return is due on or before April 15, for the Calendar Year or within 105 days of the end of your Fiscal Year.

**Mail this form along with your tax return to P.O. BOX 595 LANCASTER KY 40444**

(GENERAL INSTRUCTIONS for NET PROFIT LICENSE TAX RETURN can be found at our web pg [garrardcounty.us](http://garrardcounty.us))

Name and Address of Business or Licensee	Account No.	Calendar or Fiscal Year Ended  <b style="font-size: 1.2em;">2021</b>
		<b>MAKE CHECK PAYABLE TO GARRARD COUNTY FISCAL COURT</b>

- Final Return (Check box only to close account)  
 Check box if there was no activity

Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Garrard County?

If YES you are required to file a FORM 1099-

For employees who do not have occupational taxes withheld and choose file annually use 2% for calculating gross withholdings.

**SECTION A**

All Licensees Must Answer Questions Below:

A. Principal Business Activity \_\_\_\_\_

B. Social Security # or Federal ID # \_\_\_\_\_

C. Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

D. During the past year did the Federal Authorities change or propose to change net income reported for that year or any prior year  YES  NO  
 if YES, Which year was adjusted? \_\_\_\_\_ (Attach statement of changes)

E. Principal Corporation Administrative Officer's Name \_\_\_\_\_

F. Was there any change in ownership in the past year?  YES  NO  
 Name and Address of New Owner \_\_\_\_\_

- |                                                                                                                                                                                           |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. Net profit per Federal returns (if paying on less than 100% of Net Profit, See Section B)                                                                                              | 1. _____  |
| 2. Business Apportionment _____ See Section B                                                                                                                                             | 2. _____  |
| 3. Taxable Net Profit (Line 1 X Line 2)                                                                                                                                                   | 3. _____  |
| 4. Occupational License Fee (Line 3 X 2%)                                                                                                                                                 | 4. _____  |
| 5. Less Estimated Payments and Credits                                                                                                                                                    | 5. _____  |
| 6. Balance Due                                                                                                                                                                            | 6. _____  |
| 7. Penalty @ 5% per month (Minimum of \$25, but not to exceed 25% of tax- see instructions)                                                                                               | 7. _____  |
| 8. Interest @ 1% per month from Due Date                                                                                                                                                  | 8. _____  |
| 9. <b>UNPAID EMPLOYEE WITHHOLDINGS</b>                                                                                                                                                    | 9. _____  |
| 10. TOTAL AMOUNT DUE .....                                                                                                                                                                | 10. _____ |
| 11. Overpayment if claimed (if line 6 exceeds line 5) Credit to Next Year est. payment<br><input type="checkbox"/> YES <input type="checkbox"/> NO Please send written request for refund | 11. _____ |

**SECTION B**

BUSINESS ALLOCATION PERCENTAGE FACTORS

	Col. A Garrard County	Col. B Total Everywhere	Col. C A/B = C
a. Gross Income (if not applicable write N/A in Col. C)	\$ _____	\$ _____	\$ _____ %
b. Total wages and other compensation	\$ _____	\$ _____	\$ _____ %
c. Total percents (line a + line b)			_____ %
d. Average percentage (line c divided by number of applicable percents)			_____ %

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Official Title \_\_\_\_\_ Email Address: \_\_\_\_\_

## WORKSHEET

Complete the applicable column and attach corresponding federal schedules even if a loss was incurred

	Individual	Partnership	Corporation
1) Non-employee compensation reported as "other income on Federal 1040 (attach Page 1 Form 1040 and Form 1099 if applicable)			
2) Net Profit per each Federal Schedule C, E and/or F (if reporting more than one schedule, losses incurred on any schedule cannot be netted against the other schedules.			
3) Capital gain from Federal form 4797 or Federal Form 6252 reported on Schedule D of Form 1040			
4) Ordinary gain (or loss) on the sale of property used as a trade or business per Federal Form 4797 (attach Form 4797 , Pages 1 and 2 )			
5) Ordinary income (or loss) per Federal Form 1065 (Attach Form 1065 Pages a, 2 and 3 Schedule of other deductions, and Rental Schedule(s), if applicable			
6) Taxable income (or loss) per Federal Form 1120 or 1120A or ordinary income (or loss) per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2, or 1120S, Pages 1,2 and 3, Schedule of other dedecutions, and Rental Schedule(s), if applicable)			
7) State income taxes and occupational license taxes based upon income deducted on the Federal Schedule C,E, F or Form 1065, 1120, 1120A or 1120S			
8) Additions from Schedule K of Form 1065 or Form 1120S (attach Schedule K of Form 1065 Or 1120S and Rental Schedule(s), if applicable			
9) Net operating loss deducted on Form 1120			
10) Total Income - Add Line 1 through Line 9			
11) Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable			
12) Alcoholic Beverage Sales Deduction			
13) Other Adjustments (attach Schedule)			
14) Professional expenses not reimbursed by the Partnership (Attach schedule of expenses			
15) Total Deductions - Add Line 11 through Line 14			
16) Adjusted Net Profit - Subtract Lnie 15 from Line 10. Enter here and on Line 1 on the Front Page.			