

HENDERSON COUNTY FISCAL COURT NET PROFIT LICENSE FEE RETURN

Form NETP1

*****This form must be completed in its entirety. If Federal I.D. or Social Security Number is omitted, this form will be returned to you. If address change applies, you must check the address change box.*****

CHECK IF ADDRESS CHANGE AMENDED RETURN NO ACTIVITY

Name _____
 Contact _____
 Address _____
 City, State, Zip _____

ACCOUNT NO. _____

FEDERAL I.D. OR SOCIAL SECURITY NUMBER

FOR YEAR ENDING

Phone No. _____ Extension _____ Fax No. _____

CHECK IF "FINAL RETURN" Date Operations ceased _____ (Required to close account.)

*** ALL LICENCEES MUST ANSWER THE QUESTIONS BELOW ***

- A.** Principle business activity: _____
- B.** During the past year did Federal Authorities change or propose to change net income reported for that year or any prior year? _____
 If YES, which year(s) was adjusted? _____ (Attach statement of changes)
- C.** Principle owner/administrative officer: _____
 Address: _____
- D.** Did you file a consolidated return? _____
- E.** Was business activity discontinued? _____ When? _____ For Dissolution _____ or Sale/Transfer? _____
 If sale / transfer state successor _____
 Address: _____

YES NO Did you make payments in the sum of \$600.00 or more to any individual for services rendered in this County other than an employee? IF YES, YOU ARE REQUIRED TO FILE COPIES OF FEDERAL FORM 1099.

*** ALL LICENCEES MUST COMPLETE PAGE 2 OF THIS FORM BEFORE COMPLETING THIS SECTION ***

21. Enter ADJUSTED NET PROFIT (From line 16 on the back of this form):	
22. Enter percentage from Line 19 or 20	
23. Net Profits Allocation (Line 21 X Line 22)	
24. Henderson county exemption	- \$10,000.00
25. Adjusted net profit for Henderson County (sub line 24 from line 23)	
26. Henderson County License Fee (Line 25 X 1%) , or min of \$25 There is a net profit maximum of \$2000.00	
27. Credits: Estimated Payments	
28. Balance of License Fees Due (Line 26 minus Line 27)	(max \$2000.00)
29. Penalty - 5% per month, not to exceed 25% - Minimum \$25	
Penalty due on amount owed from original due date, unless full estimated payments were made. If payment not made by extension date, penalty will be calculated back to original due date	
30. Interest -12% % per annum , or 1% per mon Calculate interest on amount owed on Line 28	
31. Total amount due (Overpayments will be applied as credit)	

Questions concerning this tax form contact the Henderson County Tax Administrator 270 -631-7244

I hereby certify, under penalty of perjury, that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.

Preparer Signature (Return must be signed.)	/ /	Date	Taxpayer Signature (Return must be signed.)	/ /	Date
Print Name	Federal ID		Print Name	Social Security No.	
Address	Phone No.		Title	Social Security No.	

Make check payable to: HENDERSON COUNTY TAX ADMINISTRATOR
 Mail this form along with supporting schedules to: HCFC, OCC TAX ADMINISTRATOR, 20 N. MAIN ST, HENDERSON, KY. 42420
 Return must be filed and paid in full by the fifteenth day of the fourth month after the close of the fiscal/calendar year
 UNLESS A FILING EXTENSION HAS BEEN GRANTED