



**NELSON COUNTY FISCAL COURT**

OCCUPATIONAL LICENSE DIVISION

[www.nelsoncountyky.com](http://www.nelsoncountyky.com)

PO Box 578

1 Court Square, Suite 202

Bardstown KY 40004

(502) 348-1895

(502) 348-1897 fax

**OCCUPATIONAL LICENSE FEE RETURN ON NET PROFIT**  
**INDIVIDUAL/SOLE PROPRIETOR**

\*\*\*Maximum \$15,000 per individual taxpayer\*\*\*

Check all that apply:

Address Change?

Change in Ownership?

Contract labor paid this year? (attach 1099's)

Employees in Nelson County?

Final return?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Principal Business Activity \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Federal ID Number/Social Security Number \_\_\_\_\_

1) Adjusted Net Profit from worksheet on page 2 \_\_\_\_\_

2) Apportionment % - if applicable from worksheet. If not applicable, enter 100% \_\_\_\_\_

3) Apportioned Net Profit - Line 1 x Line 2 \_\_\_\_\_

4) Maximum earnings allowed 15,000.00

5) Enter lesser of lines 3 or 4. This is your taxable income \_\_\_\_\_

6) Multiply line 5 x 1/2 of 1% (.005) \_\_\_\_\_

7) Late filing and/or payment penalty \_\_\_\_\_

10% of total tax on line 6

8) Interest fee \_\_\_\_\_

0.5% per month, 6% per annum - of total tax on line 6

9) Tentative tax due - add lines 6, 7, and 8 \$ \_\_\_\_\_

10) Local Occupational Tax Withheld from W-2, if applicable (attach copy) \_\_\_\_\_

11) Total Tax Due (Subtract line 10 from line 9) \$

**\*\*Each filing individual MUST include copies of all applicable tax documents filed with the Internal Revenue Service. Individuals: Form 1040, pages 1&2; Schedule C; Schedule F; 1099-Misc; W-2 Form**

**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.**

\_\_\_\_\_  
 Signature Date Printed Name

\_\_\_\_\_  
 Signature of preparer (if other than taxpayer) Date Printed Name

**ADJUSTED NET PROFIT CALCULATION**

**INDIVIDUAL**

1) Non-employee compensation reported as "other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099 if applicable)	
2) Net profit per Federal Schedule C	
3) Net profit per Federal Schedule F	
4) Ordinary income or (loss) per Federal Form Schedule K-1 (Partnership Form 1065)	
5) Ordinary income or (loss) per Federal Form Schedule K-1 (S Corporation Form 1120S)	
6) Add items not deductible:	
a) State or Local Taxes based on income	
b) License fee under this ordinance	
c) Capital Loss (fiduciary only)	
d) Net Operating Loss Carryover	
e) Guaranteed Payments to Partners (Sch K-1, Form 1065)	
f) Other Items (list)	
7) TOTAL INCOME - ADD LINES 1 through 6	
8) Subtract items not subject:	
a) Interest on Corporate Bonds	
b) Royalties on Patents, Copyrights	
c) Dividends	
d) Net Capital Gain	
e) Section 179 depreciation (shown on K-1 form)	
f) Other Items (list)	
9) TOTAL DEDUCTIONS - ADD LINES 8a-e	
10) ADJUSTED NET PROFIT - SUBTRACT LINE 9 FROM LINE 7. ENTER HERE AND ON APPLICABLE SECTION ON PAGE 1	

**WORKSHEET: BUSINESS APPORTIONMENT**

Use ONLY if a portion of revenue was earned outside Nelson County during the year

	COLUMN A NELSON COUNTY	COLUMN B TOTAL EVERYWHERE	DIVIDE (A/B=C) %
11) Revenue Factor - Total Sales/Receipts for the year			