



LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

2008 NET PROFITS LICENSE FEE RETURN

Account Number	
Fiscal Year Ended	
Federal ID or SSN	

PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN OWNERSHIP
OR NAME AND ADDRESS SHOWN BELOW

QUESTIONS (ANSWER FULLY)

- A. Nature of business _____
- B. Date business started in Fayette County _____
- C. Did you have employees in Fayette County in 2008? ☐ Yes ☐ No
If yes, number of employees _____
- D. Basis on which this return is prepared ☐ Cash ☐ Accrual
- E. If organization was discontinued, state when _____
☐ Dissolution or
☐ Sale If by sale, give name and address of successor _____
- F. Check: ☐ Corporation ☐ S-Corp ☐ Partnership
☐ Individual Owner ☐ Other _____
☐ LLC - Check Federal Filing Status Above
- G. Is the Business Entity an Affiliate of a Consolidated
Corporate Federal Return? No ☐ Yes ☐
(If Yes, See Instructions)

FILING STATUS per Federal Return

1. ☐ WORKSHEET I (Federal Schedule C, Schedule E, Schedule F, and (or) 1099-Misc)
2. ☐ WORKSHEET P (Federal Form 1065 and Form 8825 if Applicable)
3. ☐ WORKSHEET C (Federal Form 1120 or 1120A or Form 1120S and Form 8825, if Applicable)

SECTION 1 CALCULATION OF LICENSE FEE LIABILITY

Attach Payment Here	D O N O T S T A P L E	1. Adjusted Net business Income from Applicable Worksheet.....	1.		Office Use Only Transaction Number	
		2. Average Allocation Percentage (Section 2, Line 4, Column C).....	2.			
		3. Net Profits subject to License fee (Line 1 X Line 2).....	3.			
		4. Sole Proprietors 65 years or Older deduct \$3,000.....	4.			
		5. Adjusted Net Profits (Line 3 - Line 4).....	5.			
		6. License Tax Due (Line 5 X 2.25%).....	6.			
		7. Less Estimated Payments and Credits (Attach schedule).....	7.			
		8. Balance Due.....	8.			
		9. Penalty @ 5% per month (or portion thereof, not to exceed 25% minimum \$25)....	9.			
		10. Interest @ 1% per month (or portion thereof).....	10.			
		11. TOTAL AMOUNT DUE.....	11.			
		12. Overpayment Claimed <input type="checkbox"/> Refund <input type="checkbox"/> Credit.....	12.			

Make Check Payable to:
L.F.U.C.G.
Mail to:
Division of Revenue
Lex-Fay Urban Co Govt
P.O. Box 14058
Lexington KY 40512

SECTION 2 CALCULATION OF ALLOCATION PERCENTAGE

ALLOCATION FACTORS	Column A	Column B	Column C
	URBAN COUNTY FACTOR	TOTAL FACTOR	PERCENTAGE
1. Sales factor (see instructions).....	\$	\$	
2. Payroll factor (see instructions).....	\$	\$	
3. Total percentages (add Column C, Lines 1 and 2).....			
4. Average allocation percentage (Column C, Line 3 divided by number of percents) Enter on Line 2, Section 1.....			

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

Preparer's Signature (return must be signed above)	Date	Signature of Licensee (return must be signed above)	Date
Print Name	Federal ID	Print Name	
Address	Phone #	Title	

ALL FEDERAL ID NUMBERS OR SOCIAL SECURITY NUMBERS MUST BE SUPPLIED FOR BOTH THE TAX PREPARER & LICENSEES

This return must be filed and paid in full on or before:

or by the 15th day of the 4th month after close of Fiscal Year

LEXINGTON-FAYETTE URBAN COUNTY GOVT
NET PROFIT WORKSHEET

Account #

WORKSHEET I: For Business Entities required to file an INDIVIDUAL U.S. Income Tax Return

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).....	1.	
2. Net profit or (loss) per schedule C, E or F of federal Form 1040 (attach 1040 and all Schedules).....	2.	
3. Gain or loss on sales of business property used in a trade or business from federal Form 4797 or Form 6252 reported on Schedule D of Form 1040, (attach 4797 Pages 1 and 2 or Form 6252)	3.	
4. Other business income not included in lines 1-3 (attach schedule).....	4.	
5. Total Net business income (add Lines 1 through 4).....	5.	
6. State and local license fees or taxes based on income.....	6.	
7. Expenses associated with income not subject to the license fee (attach schedule).....	7.	
8. If a deduction was taken for any other amount not deductible (attach full explanation and schedule).....	8.	
9. Total items not deductible (add Lines 6 Through 8).....	9.	
10. Kentucky alcoholic beverages net (attach schedule).....	10.	
11. Income included in line 5 deemed not subject to the license fee (attach full explanation and schedule).....	11.	
12. Total items not subject (add Lines 10 Through 11).....	12.	
13. Adjusted net business income (Line 5 Plus Line 9 Less Line 12) Enter on Section 1, Line 1.....	13.	

WORKSHEET P: For Business Entities required to file an PARTNERSHIP U.S. Income Tax Return

1. Ordinary income or (loss) per federal Form 1065 (attach Form 1065).....	1.	
2. Other additions from Schedule K of federal Form 1065 (see instructions) attach Schedule K	2.	
3. Other allowable subtractions from Schedule K of federal Form 1065 (see instructions) (attach Schedule K)	3.	
4. Total Business Income.....	4.	
5. State and local license fees or taxes based on income.....	5.	
6. Partner's Salaries (attach Schedule).....	6.	
7. Expenses associated with income not subject to the license fee (attach schedule).....	7.	
8. Total items not deductible (add Lines 5 Through 7).....	8.	
9. Interest income from U.S. obligations.....	9.	
10. Kentucky alcoholic beverages net (attach schedule).....	10.	
11. Total items not subject (add Lines 9 Through 10).....	11.	
12. Adjusted net business income (Line 4 Plus Line 8 Less Line 11) Enter on Section 1, Line 1.....	12.	

WORKSHEET C: For Business Entities required to file an CORPORATE U.S. Income Tax Return

1. Taxable income or (loss) per federal Form 1120 or 1120A (attach Forms).....	1.	
2. Ordinary income or (loss) per federal Form 1120S (attach Form 1120S).....	2.	
3. Other additions from Schedule K of federal Form 1120S (see instructions) (attach Schedule K).....	3.	
4. Other allowable subtractions from Schedule K of federal Form 1120S.....	4.	
5. Total Business Income.....	5.	
6. State and local license fees or taxes based on income.....	6.	
7. Net operating loss deduction.....	7.	
8. Expenses associated with income not subject to the license fee (attach schedule).....	8.	
9. Total items not deductible (add Lines 6 Through 8).....	9.	
10. Interest income from U.S. obligations.....	10.	
11. Kentucky alcoholic beverages net (attach schedule).....	11.	
12. Total items not subject (add Lines 10 Through 11).....	12.	
13. Adjusted net business income (Line 5 Plus Line 9 Less Line 12) Enter on Section 1, Line 1.....	13.	