



LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT 2016 NET PROFITS LICENSE FEE RETURN - FORM 228

Account Number	
Fiscal Year Ended	
Federal ID or SSN	

Check if: Initial Amended Final Address Change

QUESTIONS (ANSWER FULLY)

- A. Nature of business _____
- B. Date business started in Fayette County _____
- C. Did you have employees in Fayette County in 2016?
 Yes No
- D. Basis on which this return is prepared Cash Accrual
- E. Filing status per federal return:
 Corporation S-Corp Partnership
 Individual Owner Other _____
- F. Is the Business Entity an Affiliate or Subsidiary of a Consolidated Federal Return? Yes No
If Yes, FEIN of Parent: _____
- G. If organization was discontinued, check appropriate box:
 Dissolution Sale Merger Date: _____
Successor Name, address and FEIN: _____

MINIMUM LICENSE FEE EXEMPTION

Check this box if gross receipts from all Federal Form 1040 Schedules C, E and F plus all Form 1099-MISC was EQUAL TO OR LESS THAN \$4,400.00 (See Instructions). Attach all federal forms, sign and date this form and return by April 18, 2017.

SECTION 1: CALCULATION OF LICENSE FEE LIABILITY

	D O N O T S T A P L E		
Attach		1. Adjusted Net Business Income from Worksheet 1, Line 19 (Attach Federal return and all schedules).....	1.
		2. Apportionment Percentage from Section 2 Line 4.....	2.
		3. Net Profit subject to License Fee (Line 1 X Line 2).....	3.
Payment		4. Sole Proprietors 65 or older deduct \$3000.00.....	4.
		5. Adjusted Net Profit (Line 3 - Line 4).....	5.
		6. License Fee Liability (Line 5 X 2.25%) if less than \$100.00, enter \$100.00.....	6.
		7. Less Minimum License Fee paid for 2016 (Non-Refundable).....	7.
Here		8. Subtotal (Line 6 - Line 7) cannot be less than zero.....	8.
		9. Less Estimated Payments and Prior Year Credits (Attach schedule).....	9.
		10. Subtotal (Line 8 - Line 9).....	10.
		11. Plus Minimum License Fee Due FOR 2017 (\$100.00).....	11.
		12. Net Amount Due (If < 0 enter amount here and on Line 15).....	12.
		13. Penalty and Interest (See instructions) Penalty \$ _____ Interest \$ _____.....	13.
		14. Total Amount Due (Add Lines 12 and 13).....	14.
		15. Indicate Amount of overpayment if any from Line 12.....	15.
		16. Amount on Line 15 to be refunded.....	16.
		17. Amount on Line 15 to be credited to 2017	17.

Office Use Only		Make Check Payable to: LFUCG Division of Revenue P.O. Box 14058 Lexington, KY 40512
Transaction Number		

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)			Signature of Licensee (return must be signed above)		
	Date			Date	
Print Name		PTIN OR FID #	Print Name		
Address		Phone #	Title		Phone #

ALL PTIN, FID# AND SOCIAL SECURITY NUMBERS MUST BE SUPPLIED FOR BOTH THE TAX PREPARER & LICENSEES

This return must be filed and paid in full on or before the 15th day of the 4th month after close of Fiscal Year

WORKSHEET 1 - Calculation of Adjustment Net Business Income

Please complete the column that relates to your form of business	Individual	Partnership	Corporation
1. Non-employee compensation as reported on Form 1099-Misc reported as other income on federal Form 1040 (Attach Federal Schedules)			
2. Net profit or (loss) per Federal Schedule C of Form 1040 (Attach Form 1040 and applicable schedules)			
3. Capital gain from Federal Form 4797 or Form 6252 reported on schedule D of Form 1040 (Attach Federal Schedules)			
4. Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Form 1040 and applicable schedules)			
5. Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Form 1040 and applicable schedules)			
6. Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Federal Schedules)			
7. Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065 and applicable schedules)			
8. Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S			
9. State Income Taxes and Occupational License Fees deducted on the Federal Schedule C, E, F or Form 1065, 1120, 1120A or 1120S			
10. Additions from Schedule K of Form 1065 or Form 1120S			
11. Net operating loss deducted on Form 1120			
12. Total Income - Add lines 1 through line 11			
13. Subtractions from Schedule K of Form 1065 or Form 1120S			
14. Alcoholic Beverage Sales Deduction (Attach computation)			
15. Other Adjustments (Attach Schedule) (See Instructions)			
16. Non-Taxable Income (Attach schedule)			
17. Professional Expenses not reimbursed by the partnership (Attach schedule)			
18. Total Deductions - Add lines 13 through line 17			
19. Adjusted Net Profit - Subtract Line 18 from Line 12. Enter here and on line 1 of Section 2 on the front page.			

SECTION 2: CALCULATION OF ALLOCATION PERCENTAGE

All licensees whose business operations were not conducted entirely within the Urban County must complete this section

Apportionment factors	Column A	Column B	Column C
	Within the Urban County	Total Everywhere	A/B=C
1. Sales factor (see instructions)	\$	\$	
2. Payroll factor (see instructions)	\$	\$	
3. Total percentages			%
4. Apportionment percentages (If your business had both factors, then divide line 3 by two (2). However, if the business had only one factor, enter the single factor percentage here and Line 2 in Section 2.			%