



LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
2023 NET PROFITS LICENSE FEE RETURN - FORM 228

Account Number
Fiscal Year End
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 2023?
D. Basis on which this return is prepared:
E. Filing status per federal return:
F. Is the business entity an affiliate or subsidiary of a consolidated federal return?
G. If organization was discontinued, check appropriate box:

MINIMUM LICENSE FEE EXEMPTION

The requirement for exemption is gross receipts from all Federal Form 1040 Schedules C, F & 1099-Misc EQUAL TO OR LESS THAN \$4400 and/or Schedule E gross rents LESS THAN \$50,000. (See Instructions). Attach all federal forms, sign and date this form, and return by April 15, 2024.

Table with 3 columns: Description, Line Number, Office Use Only. Rows include: 1. Adjusted net business income, 2. Apportionment percentage, 3. Net profit subject to license fee, 4. Sole proprietors 65 or older deduct \$3,000.00, 5. Adjusted net profits, 6. License fee liability, 7. Less minimum license fee paid for 2023, 8. Subtotal, 9. Less estimated payments and prior year credits, 10. Subtotal, 11. Plus minimum license fee due FOR 2024, 12. Net amount due, 13. Penalty and interest, 14. Total amount due, 15. Indicate amount of overpayment, 16. Amount on Line 15 to be refunded, 17. Amount of Line 15 to be credited to 2024.

Office Use Only
MAKE CHECK PAYABLE TO LFUCG
Division of Revenue
PO BOX 14058
LEXINGTON KY 40512

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

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

ALL PTIN, FEIN#, AND SOCIAL SECURITY NUMBERS MUST BE SUPPLIED FOR BOTH THE TAX PREPARER AND LICENSEE(S)

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 the business federal entity classification	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 reduction (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 1 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				%
(a. If your business had both factors then divide line 3 by two.)				
(b. If your business only had one factor then enter the single factor percentage here and Line 2, Section 1.)				