

FORM NP-1

City of Owensboro/Daviess County Fiscal Court Net Profit License Fee Return

Social Security # or Federal ID#

Account Number

Name and Address

Business Type

Period Ending

Change of Address

- Individual
- Corporation
- Partnership
- LLC/Individual
- LLC/Partnership
- Other _____

___ Final return (Check only to inactivate the account-- Complete Question B)

___ No activity in jurisdictions during tax year. Account will remain open. (Check only if no activity in both jurisdictions)

A) Business telephone: _____

B) If business activity was discontinued within both jurisdictions during the year, state when: ___ / ___ / ___

___ If sold, enter name and address of successor: _____

C) Did you have employees working in either jurisdiction during the tax year? ___ YES ___ NO

| Make check payable and mail to: | ATTACH APPLICABLE FEDERAL FORM OR SCHEDULE(S) | | |
|---|---|------------|--------------------|
| Occupational Tax Administrator PO BOX 10008 OWENSBORO, KY 42302-9008 PHONE: (270) 687-5600 | Form 1099 | Schedule F | Form 1065 |
| | Schedule C or CZ | Form 4797 | Form 1120 or 1120S |
| | Schedule E | Form 6252 | Form 8825 |
| | Schedule K | | |

(See pages 3 thru 5 of Instructions)

TAX COMPUTATION

| | City of Owensboro COLUMN A | Daviess County COLUMN B |
|--|-------------------------------|----------------------------|
| 1) Total Net Profit from Part I..... | | |
| 2) Pre Apportionment adjustments (READ INSTRUCTIONS) | | |
| 3) Adjusted Net Profit (line 1 plus line 2)..... | | |
| 4) Business Apportionment (Complete Part II if applicable)..... | | |
| 5) Taxable Net Profit (line 3 multiplied by line 4)..... | | |
| 6) Occupational license fee Rate <small>(Please refer to Table A in instructions)</small> | | 0.35% |
| 7) Total license fee Due (line 5 x line 6)..... | | |
| 8) Minimum License Fee (see instructions)..... | \$47 | \$0 |
| 9) Enter the Larger amount from Line 7 or Line 8 | | |
| 10) Payments/Credits and first year registration fee..... | | |
| 11) If Line 10 is larger than Line 9, Difference is <input type="checkbox"/> Refund <input type="checkbox"/> Credit..... | | |
| 12) If Line 9 is larger than Line 10, Difference is License Fee Due | | |
| 13) Penalty (5% per calendar month or portion thereof not to exceed 25%) Minimum \$25..... | | |
| 14) Interest (1% per calendar month or fraction thereof)..... | | |
| 15) Total Amount Due (add lines 12, 13 and 14)..... | | |
| 16) Payment Amount (Add line 15 Column A to line 15 Column B)..... | | |

RETURN MUST BE SIGNED - 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's Signature

Taxpayer's Signature

Date

PART I

COMPLETE ONLY ONE COLUMN AS APPLICABLE

| | INDIVIDUAL | PARTNERSHIP | CORPORATION |
|---|------------|-------------|-------------|
| 1. Non-employee compensation as reported on Form 1099-Misc. reported as "other income" on Federal Form 1040. Attach Form 1099. | 1.) | | |
| 2. Net profit or (loss) per Federal Schedule C of Form 1040. Attach Schedule C or Schedule C-EZ. | 2.) | | |
| 3. Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040. Attach Form 4797, Pages 1 and 2 or Form 6252. | 3.) | | |
| 4. Rental income or (loss) per Federal Schedule E of Form 1040. Attach Schedule E. | 4.) | | |
| 5. Net farm profit or (loss) per Federal Schedule F of Form 1040 or Form 4835. Attach Schedule F or Form 4835. | 5.) | | |
| 6. Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797. Attach Form 4797. | 6.) | | |
| 7. Ordinary income/loss on Federal Form 1065. Attach Form 1065, Pages 1, 2, 3 and 4, Schedule of Other Deductions, and Form 8825 Rental Income/Expense. | | 7.) | |
| 8. Taxable income/loss of Federal Form 1120 or Ordinary income/loss on Federal Form 1120S. Attach Form 1120 Pages 1 and 2, and Schedule of other Deductions OR Form 1120S, Pages 1, 2 and 3, Schedule of other Deductions, and Form 8825 Rental Income/Expense. | | | 8.) |
| 9. State Income Taxes and Occupational License Fees deducted on the Federal Schedule C, C-EZ, E, F or Form 4835, Form 1065, 1120, 1120A or 1120S. | 9.) | 9.) | 9.) |
| 10. Additions from Schedule K of Form 1065 or Form 1120S. Attach Schedule K of Form 1065 or 1120S and Form 8825 Rental Income/Expense. | | 10.) | 10.) |
| 11. Net Operating Loss deducted on Form 1120. | | | 11.) |
| 12. Total Income - Add Lines 2 through Line 11. | 12.) | 12.) | 12.) |
| 13. Subtractions from Schedule K of Form 1065 or Form 1120S. Attach Schedule K of Form 1065 or 1120S and Form 8825 Rental Income/Expense. | | 13.) | 13.) |
| 14. Alcoholic Beverage Sales Deduction from Part III Line 3 below. | 14.) | 14.) | 14.) |
| 15. Other Adjustments. Attach Schedule. | 15.) | 15.) | 15.) |
| 16. Total Deductions - Add Lines 13 through Line 15. | 16.) | 16.) | 16.) |
| 17. Adjusted Net Profit - Subtract Line 16 from Line 12. | 17.) | 17.) | 17.) |

PART II: Apportionment Factors

| | COLUMN A CITY OF OWENSBORO | COLUMN B DAVIESS COUNTY |
|--|---|----------------------------|
| | 1a Sales/Gross Receipts within the Jurisdiction | \$ |
| 1b Total Sales/Gross Receipts everywhere | \$ | \$ |
| 1c Divide Line 1a by Line 1b | % | % |
| 2a Payroll within the Jurisdiction | \$ | \$ |
| 2b Total Payroll everywhere | \$ | \$ |
| 2c Divide Line 2a by Line 2b | % | % |
| 3 Total Percentages (add line 1c + 2c) | % | % |
| 4 Apportionment Percentage - If your business had both factors, enter total percentages divided by two (2) (line 3/2). However, if the business had only one factor, enter the single factor percentage. | % | % |

PART III: ALCOHOLIC BEVERAGE SALES DEDUCTION

| | | |
|---|--|---|
| 1. DIVIDE: <u> Kentucky Alcoholic Beverage Sales </u> | | |
| Total Sales | | % |
| 2. Enter "Total Income" from line 12 of Part I | | |
| 3. Alcoholic Beverage Sales Deduction (multiply line 1 by line 2) Enter here and on line 14 above | | |

City of Owensboro

PART IV

Only complete this worksheet if Gross Receipts/Sales Revenue in the City of Owensboro is less than \$3,500 otherwise complete Part I.

| | |
|---|--|
| 1. Enter Gross Receipts/Sales Revenues earned in the City of Owensboro..... (Only enter amount if less than \$3,500)(If amount is less than \$600 and no compensation was paid to employees working in the City of Owensboro during the year, skip lines 2 through 5 of this worksheet and enter -0- on line 15, Column A of Form NP-1) | |
| 2. Enter wages, salaries, and other employee compensation paid to employees working in the City of Owensboro during the year..... | |
| 3. If line 2 above is zero enter the amount from line 1 here, otherwise enter 0..... | |
| 4. If line 3 is zero or is equal to or greater than \$3,500, STOP HERE. You are required to complete Part II. Otherwise, go to line 5 | |
| 5. Multiply the amount from Line 3 of this worksheet by applicable rate in Table A. Enter result here and on Line 9, Column A of Form NP-1 and skip Lines 1 thru 8 in Column A of Form NP-1 (Please attach this completed Worksheet to Form NP-1 if applicable) | |

COMPUTATION OF LICENSE FEE DUE IF GROSS RECEIPTS/SALES REVENUE IS LESS THAN \$3,500 IN THE CITY OF OWENSBORO

Part IV shall be complete only by those earning gross receipts/sales revenue of less than \$3,500 in the City of Owensboro. This provision does not apply to gross receipts/sales revenue earned in Daviess County, outside the City of Owensboro. If gross receipts/sales revenue is greater than \$3,500, complete Part I.

No net profits license fee is imposed of any person (entity) that has gross receipts or sales revenue generated in the City of Owensboro of less than \$600 during that person's federal tax year and such person had no employee (s) working within the city during their federal tax year.

PART V
RECONCILIATION OF PAYROLL FACTOR
FOR BUSINESS ENTITIES COMPLETING THE PAYROLL APPORTIONMENT FACTOR

| | City of Owensboro | | Davieess County | |
|--|---------------------------|--------------------------|-------------------------|--------------------------|
| | City of Owensboro Payroll | Total Everywhere Payroll | Davieess County Payroll | Total Everywhere Payroll |
| 1) Compensation paid or payable to employees per Part II | | | | |
| 2) Prior year accrual adjustment | | | | |
| 3) Other additions (attach schedule) | | | | |
| 4) Subtotal (Add lines 1 through 3) | | | | |
| 5) Current year accrual adjustment | | | | |
| 6) Other subtractions (attach schedule) | | | | |
| 7) Compensation paid or payable to employees per Reconciliation of License Fee Withheld (line 4 minus lines 5 and 6) | | | | |

RECONCILIATION OF PAYROLL FACTOR FOR BUSINESS ENTITIES COMPLETING THE PAYROLL APPORTIONMENT FACTOR

Be sure to complete the column that corresponds to the jurisdiction(s) for which the Form NP-1 was filed.

- Line 1: Enter the compensation paid or payable to employees per Form NP-1, Part II.
- Line 2: Enter the amount expensed as a prior year accrual for compensation paid or payable to employees.
- Line 3: Enter any other additions that were made in determining the payroll allocation factor. Attach an explanation, including amounts, for each item.
- Line 4: Add Lines 1 through 3. Enter the total on Line 4.
- Line 5: Enter the amount expensed as a current year accrual for compensation paid or payable to employees.
- Line 6: Enter any other subtractions that were made in determining the payroll allocation factor. Attach an explanation, including amounts, for each item.
- Line 7: Subtract Lines 5 and 6 from Line 4 to determine the compensation paid or payable to employees as reported on the periodic Employer's Return of License Fee Withheld (Form E-1) during the same period as the licensee's calendar or fiscal year end Net Profit return reporting period.