

JESSAMINE COUNTY/CITY OF NICHOLASVILLE NET PROFIT LICENSE FEE RETURN

FORM JCOT 2

THIS RETURN IS DUE ON OR BEFORE APRIL 15th FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE FISCAL YEAR END

Check if on federal extension (Attach Copy)

Name and Address of Business (Please correct any error in ownership, name or address)
Federal I.D. or Social Security Number

Account No.	CALENDAR/FISCAL YEAR END		
	Month	Day	Year
<i>For Office Use Only</i> Received		Make Checks Payable to: City Tax: City of Nicholasville Co. Tax: Jessamine Co Fiscal Ct	
Check No. _____ Amount _____ City _____	Check No. _____ Amount _____ County _____	Mail with this return to: Occupational Tax Office 105 Court Row Nicholasville, Kentucky 40356 Ph: (859) 885-3206 Fax: (859) 887-0900	
<input type="checkbox"/> Final Return (check only to close account) <input type="checkbox"/> Amended Return			

Check federal filing status: Individual owner Partnership Corporation S-Corp LLC Other

All questions must be completed:

- A. Principal Business Activity _____
- B. Business Phone _____
- C. Business Site Address _____
- D. Did you have employees in Jessamine Co. Yes No
 City of Nicholasville? Yes No
- E. Have federal authorities changed the Net Income as originally Reported for any prior year? Yes No
 *If yes, attach schedule of changes for each year.

- F. If organization was discontinued:
 Date _____ by Dissolution Sale
 New owner name and address _____
- G. Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Jessamine Co.? Yes No
 City of Nicholasville Yes No (other than an employee)
 If yes, you are required to file Form 1099.

SECTION 1: CALCULATION OF LICENSE FEE LIABILITY

	City of Nicholasville <input type="checkbox"/> No activity this year	Jessamine County <input type="checkbox"/> No activity this year
1. Net Business Income per worksheet (See reverse side)	1 _____	1 _____
2. Business Allocation Percentage (See Section 2)	2 _____	2 _____
3. Taxable Net Profit (Line 1 multiplied by Line 2)	3 _____	3 _____
4. License Fee Due at 1% (Line 3 multiplied by 1%)	4 _____	4 _____
5. Estimated Payments/Credits	5 _____	5 _____
6. Subtotal (Line 4 minus Line 5)	6 _____	6 _____
7. Penalty: late pay and/or filing (5% per month or portion thereof not to exceed 25%; \$25.00 minimum)	7 _____	7 _____
8. Interest (12% per annum for late payment and/or filing)	8 _____	8 _____
9. Total Due	9 _____	9 _____
10. If overpaid, please indicate <input type="checkbox"/> Account Credit or <input type="checkbox"/> Refund	10 _____	10 _____

SECTION 2: BUSINESS ALLOCATION PERCENTAGE: Licensees whose business operations were not conducted entirely in the City of Nicholasville or Jessamine County outside the City of Nicholasville must complete this part, regardless of profit or loss. Percentages should be carried out four (4) places.

	Col A: Nicholasville	Col B: Jessamine	Col C: Total Everywhere	Col D: A ÷ C = D City of Nicholasville %	Col E: B ÷ C = E Jessamine County %
GROSS RECEIPTS from sales made and/or services rendered	\$ _____	\$ _____	\$ _____	% _____	% _____
WAGES, SALARIES and other compensation paid to employees	\$ _____	\$ _____	\$ _____	% _____	% _____
Total Percentages (Add the percentages computed above for columns D and E)				% _____	% _____
Average Percentage (Total Percentage divided by number of percents) Enter on Line 2 of Section 1				% _____	% _____

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

Signed _____ Title _____ Date _____