

# 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

<b>Name and Address of Business</b> (Please correct any error in ownership, name or address)	<b>Account No.</b>			<b>CALENDAR/FISCAL YEAR END</b>		
				Month	Day	Year
	<i>For Office Use Only Received</i>			<b>Make Checks Payable to:</b>		
	Check No.	Check No.	City Tax: City of Nicholasville Co. Tax: Jessamine Co Fiscal Ct  <b>Mail with this return to:</b> Occupational Tax Office 105 Court Row Nicholasville, Kentucky 40356 Ph: (859) 885-3206 Fax: (859) 887-0900			
Amount	Amount					
City	County					
<b>Federal I.D. or Social Security Number</b>				<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 \_\_\_\_\_

**Please complete the column that relates to your form of business**

I. Non-employee compensation per federal Form 1099 reported as "other income" on federal Form 1040 (attach Form 1040 and 1099)

3. Gain or (loss) on the sale of property used in a trade or business per federal Form 1040 (attach Form 4797 and/or Schedule D)

6. Ordinary income or (loss) per federal Form 1120S  
(attach Form 1120S)

**10. Other allowable subtractions from Schedule K of federal Form 1065 or 1120S (see instructions) (attach Schedule K)**

### ITEMS NOT DEDUCTIBLE

15. Expenses associated with income not subject to the license  
Fee (attach schedule)

17. Total items not deductible (Add Lines 12 through 16)

23. Adjusted net business income (Line 11 plus Line 17 less Line 22) *Enter in Section 1, Line 1*

<u>Individual</u>	<u>Partnership</u>	<u>Corporation and S-corp</u>	<u>Other</u>
	N/A	N/A	
	N/A	N/A	
	N/A	N/A	
N/A		N/A	
N/A	N/A		
N/A	N/A		
N/A			
N/A			
N/A	N/A		
N/A		N/A	
N/A			
N/A			