

FORM NP

City of Henderson Net Profit License Tax Return

City of Henderson License #	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Business Type</th> <th style="text-align: left; border-bottom: 1px solid black;">Minimum Tax</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Individual</td><td>\$50.00</td></tr> <tr><td><input type="checkbox"/> Partnership</td><td>\$150.00</td></tr> <tr><td><input type="checkbox"/> Corporation</td><td>\$200.00</td></tr> <tr><td><input type="checkbox"/> LLC/Individual</td><td>\$100.00</td></tr> <tr><td><input type="checkbox"/> LLC/Partnership</td><td>\$150.00</td></tr> <tr><td><input type="checkbox"/> LLC/Corporation</td><td>\$200.00</td></tr> <tr><td><input type="checkbox"/> Other</td><td>\$200.00</td></tr> </tbody> </table>	Business Type	Minimum Tax	<input type="checkbox"/> Individual	\$50.00	<input type="checkbox"/> Partnership	\$150.00	<input type="checkbox"/> Corporation	\$200.00	<input type="checkbox"/> LLC/Individual	\$100.00	<input type="checkbox"/> LLC/Partnership	\$150.00	<input type="checkbox"/> LLC/Corporation	\$200.00	<input type="checkbox"/> Other	\$200.00	Office Use Only:
Business Type	Minimum Tax																	
<input type="checkbox"/> Individual	\$50.00																	
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<input type="checkbox"/> LLC/Corporation	\$200.00																	
<input type="checkbox"/> Other	\$200.00																	
Period Ending																		

If mailing address to the left has changed, make any corrections below:

Final Return. (Check only to inactivate the account if business activity has ceased in the City of Henderson. Question C must be completed.)

No activity in the City of Henderson during tax year. If Final Return is not checked, account will remain active.

- A. Social Security # or Federal ID #: _____ B. Business telephone: _____ Business email: _____
- C. If business activity was discontinued within the City of Henderson during the year, give the date business was discontinued: _____. If business was sold, enter name and address of successor: _____
- D. Did you have employees working in the City of Henderson during the year? _____ YES _____ NO

APPLICABLE FEDERAL FORM OR SCHEDULE(S) MUST BE ATTACHED, INCLUDING BUT NOT LIMITED TO:

- | | | | | | |
|-----------|------------|------------|------------|--------------------|------------|
| Form 1099 | Schedule E | Schedule F | Schedule K | Schedule C or C-EZ | Form 6252 |
| Form 4835 | Form 6252 | Form 8825 | Form 4797 | Form 1120 | Form 1120S |

Make check payable and mail to:
City of Henderson
PO Box 671
Henderson KY 42419-0671

TAX COMPUTATION (See pages 3-6 of Instructions)

- | | | |
|---|-----|----------|
| 1. Enter the Adjusted Net Profit from Page 2, Part 1, Line 17..... | 1. | \$ _____ |
| 2. Enter the average allocation percentage from Page 2, Part II, Line 4..... | 2. | _____ |
| 3. Taxable Net Profit. Multiply Line 1 by Line 2..... | 3. | \$ _____ |
| 4. City of Henderson Occupational License Tax Rate 1.65% SEE TABLE A | 4. | 1.65% |
| 5. Total License Tax Due City of Henderson: Multiply Line 3 by Line 4..... | 5. | \$ _____ |
| 6. Minimum License Tax unless there was no activity in the City of Henderson SEE TABLE B | 6. | \$ _____ |
| 7. Enter the larger amount from Line 5 or Line 6..... | 7. | \$ _____ |
| 8. Estimated payments or credits..... | 8. | \$ _____ |
| 9. If Line 8 is larger than Line 7, difference is ___ Refund or ___ Credit..... | 9. | \$ _____ |
| 10. If Line 7 is larger than Line 8, difference is License Tax Due..... | 10. | \$ _____ |
| 11. Penalty: The greater of \$25 or 5% per calendar month or fraction thereof, 25% maximum... | 11. | \$ _____ |
| 12. Interest: 1% per calendar month or fraction thereof..... | 12. | \$ _____ |
| 13. Total Amount Due City of Henderson. (Add Lines 10, 11, and 12.) | 13. | \$ _____ |

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	Date	Taxpayer's Signature	Date
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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, & 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 & 2, and Schedule of other Deductions OR Form 1120S, Pages 1, 2, & 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 1 through 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 15.	16)	16)	16)
17. Adjusted Net Profit. Subtract Line 16 from Line 12.	17)	17)	17)

Part II: City of Henderson Apportionment Factors

1. Sales Factors: 1a) Sales/Gross Receipts within the Jurisdiction. 1b) Total Sales/Gross Receipts everywhere. 1c) Divide Line 1a by Line 1b. (Carry out five (5) decimal places.)	1a) \$	
	1b) \$	
	1c)	%
2. Payroll Factors: 2a) Payroll within the Jurisdiction. 2b) Total Payroll everywhere. 2c) Divide Line 2a by Line 2b. (Carry out five (5) decimal places.)	2a) \$	
	2b) \$	
	2c)	%
3. Total Percentages. (Add Line 1c + Line 2c.)		
4. AVERAGE PERCENTAGE: If both Lines 1b 2b are greater than zero, divide entry on Line 3 by 2. If either Line 1b or Line 2b is zero, enter amount from Line 3 here. (See instructions.) (Carry out five (5) decimal places.)	3)	%
	4)	%

PART III:

Alcoholic Beverage Sales Deduction	1. DIVIDE: Kentucky Alcoholic Beverage Sales by Total Sales	_____ %
	2. Enter "Total Income" from Line 12 of Part 1.	_____
(Complete only if applicable.)	3. Alcoholic Beverage Sales Deduction (Multiply Line 1 by Line 2.) Enter here and on line 14 above.	_____