

2018 GARRARD COUNTY ANNUAL LICENSE FEE RETURN

This return is due on or before April 15, for the Calendar Year or within 105 days of the end of your Fiscal Year.

Mail this form along with tax return to P.O. BOX 595 LANCASTER KY 40444

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|------------------------------------------------------------------|--------------------------|--------------------------------------------------------|
| Name and Address of Business or Licensee | Account No. _____ | Calendar or Fiscal Year Ended 12-31-2018 |
| MAKE CHECK PAYABLE TO GARRARD COUNTY FISCAL COURT | | |

Final Return (check only to close account) Operations ceased:

No Activity (check box if there was no activity)

All Licensees Must Answer Questions Below:

- A. Principal business activity _____
- B. What is your Social Security # or Federal Id # _____
- C. Home Phone _____ Business Phone _____
- D. During the past year did Federal Authorities change or proposes to change net income reported for that year or any prior year
Yes No (if yes which year was adjusted?) _____ (Attach statement of changes)
- E. Principal Corporation Administrative Officer's
Name _____
Address _____ SSN# _____
- F. Was there a change in ownership in the past year? Date of change _____ Name
and address of new owner. _____

Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Garrard County? (other than employee)
YES NO
If yes, you are required to file form 1099-

For employees who do not have occupational taxes withheld and choose to file annually please use 2% for calculating your gross withholdings

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|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. Net profit per Federal returns (If paying on less than 100% of Net Profit, <i>See Section B</i>) | 1. _____ |
| 2. Business Apportionment _____ SEE SECTION B | 2. _____ |
| 3. Taxable Net Profit (Line 1 x Line 2) | 3. _____ |
| 4. Occupational License Fee (Line 3 x 2%) | 4. _____ |
| 5. Less Estimated Payments and Credits | 5. _____ |
| 6. Balance Due | 6. _____ |
| 7. Penalty @ 5% per month (or portion thereof, not to exceed 25%) Minimum \$25 .00 | 7. _____ |
| 8. Interest @ 1% per month from Due Date | 8. _____ |
| 9. UNPAID EMPLOYEE WITHHOLDINGS | 9. _____ |
| 10. TOTAL AMOUNT DUE | 10. _____ |
| 11. Overpayment Claimed (if line 6 exceeds line 5) Please send written request for refund Credit to next year estimated payment yes no | 11. _____ |