

Hart County Occupational Tax Office

Tresia Weber, Occupational Tax Administrator

PO Box 247

Munfordville, KY 42765

(270)524-3507

hartcotw@medicacombb.net

HART COUNTY OCCUPATIONAL TAX

P.O. BOX 247, Munfordville, KY 42765

Phone: (270)524-3507 Fax: (270)524-9732

QUESTIONNAIRE

Every business or individual conducting an activity (i.e. farming, sales, rental, etc.), subject to the Occupational License Fee is required to complete this questionnaire and return it to the Administrator at P.O. Box 247, Munfordville, KY 42765.

The following information is necessary and will be held in strict confidence. Please answer all applicable questions.

BUSINESS/TRADE NAME: _____ d/b/a _____

OWNER'S NAME: _____ Phone Number _____

INDIVIDUAL

CORPORATION (DATE ORGANIZED ___/___/___ STATE ___)

PARTNERSHIP (LIST NAME AND ADDRESS OF EACH PARTNER ON BACK)

OTHER

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

FARM/NATURE OF BUSINESS: (Please describe your business and its operation, including where and how sales, services or other activities take place. Include any of the pertinent information). _____

ACCOUNTING PERIOD Calendar Year – December 31 Fiscal Year Ended ___/___

SOCIAL SECURITY NUMBER _____ **FEDERAL ID#** _____ **STATE ID#** _____

DATE OPERATIONS IN HART COUNTY STARTED _____

DO YOU HAVE OR WILL HAVE INCOME FROM AN OCCUPATION OR BUSINESS ACTIVITY IN HART COUNTY? _____

DO YOU HAVE OR WILL HAVE EMPLOYEES WORKING IN HART COUNTY? YES _____ NO _____
NUMBER OF EMPLOYEES _____

DO YOU HAVE SUB-CONTRACTORS HIRE TO WORK IN HART COUNTY? YES _____ NO _____
If YES, attach sheet with sufficient information in which to contact them.

WILL YOU BE CONTRACTING OR SUBCONTRACTING AT SISTER SCHUBERT/T. MARZETTI COMPANY? YES _____ NO _____

ARE YOU A FEDERAL EMPLOYEE (Postal Worker, Etc.)? YES _____ NO _____

ARE YOU SELF EMPLOYED? YES _____ NO _____

DO YOU RENT OR LEASE YOUR BUSINESS LOCATION IN HART COUNTY? YES _____ NO _____

If rent/lease, from whom: _____

Landlord's Address: _____

IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER OR A CHANGE IN THE TYPE OF ORGANIZATION:

Give date of Acquisition or Change: _____

Give Name of Previous Owner or Organization: _____

Give Former Trade Name, if any _____

I hereby certify that all information and statements herein are true and correct.

Signature: _____ Date: _____

HART COUNTY ACCOUNT # _____

Hart County Kentucky - Occupational Tax

P.O. Box 247, Munfordville KY 42765
Phone: (270) 524-3507 - Fax (270) 524-9732

EMPLOYER'S QUARTERLY LICENSE FEE RETURN

Company Name & Address

Quarter 2011

Ending

Return/Payment Due

1. NUMBER OF TOTAL EMPLOYEES	(1) _____
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID	(2) \$ _____
3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF HART COUNTY	(3) \$ _____
4. TAXABLE EARNING (ITEM 2 MINUS ITEM 3)	(4) \$ _____
5. ACTUAL TAX DUE IN QUARTER AT <u>.8</u> %	(5) \$ _____
6. INTEREST 1% PER MONTH (OR PORTION THERE OF) AFTER DUE DATE	(6) \$ _____
7. PENALTY AFTER (30) DAYS FROM DUE DATE 5% PER MONTH NOT LESS THAN \$25 OR MORE THAN 25% OF TOTAL TAX DUE.	(7) \$ _____
8. TOTAL TAXES DUE INCLUDING INTEREST & PENALTY	(8) \$ _____

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:
TREASURER, HART COUNTY KENTUCKY

*IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION. NOTIFY OCCUPATIONAL TAX ADMINISTRATOR OF ANY CHANGE IN OWNERSHIP OR NAME & ADDRESS. FAILURE TO FILE PENALTY IS \$25.00

Prepared By: _____

(Official Title): _____

Owner, Partner, Member, President, Treasurer, Agent

Date

NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THE QUARTER.

HART COUNTY, KY - OCCUPATIONAL LICENSE TAX

(Official Use Only)

Net Profits License Fee Return
 FROM BUSINESS, PROFESSION, OR OTHER ACTIVITY WITHIN
 HART COUNTY, KY. CONDUCTED BY CORPORATIONS, PARTNERSHIPS,
 INDIVIDUALS AND FIDUCIARIES OF ESTATES AND TRUSTS.
 (RESIDENT OR NON-RESIDENT)

CALENDAR YEAR ENDED DECEMBER 31, 201

Company Name & Address _____

ATTACH one copy of applicable FEDERAL FORM OR SCHEDULE and indicate below which form is attached.

- 1040 Sch C 1041
 1040 Sch E 1065
 1040 Sch F 1120/1120S
 4835 Other Earned Income (describe) _____

Business Type: Corporations

QUESTIONS (ANSWER FULLY)

1. Nature of Business: _____
2. Date Business started in Hart County: _____
3. If Organization was Discontinued, State When Dissolution or Sale _____ If By Sale, Give Name and Address of Successor: _____
4. Did you have employees in Hart County during year? Yes No
5. Has Hart County License fee been withheld from all subject Employees, and Remitted Quarterly in Accordance with the Regulations? Yes No If "NO" Explain: _____
6. If labor is claimed as a deduction, last name, address, and amount paid for each recipient. _____
7. Check Which: Corporation Sub-Chapter S Partnership Individual Owner Fiduciary Other (if other explain) _____
8. Basis on which this Return is Prepared - Cash Accrual
9. Have Federal Authorities Changed the Net Income as Originally Reported for Any Prior Year? Yes No. If answer is "Yes" Attach Schedule of Changes for Each Year.

SCHEDULE A

1. Total Gross Receipts per Federal Return, Form _____
2. Total Business Deductions per Federal Return _____
3. Net Business Income per Federal Return _____
4. ADD Items not deductible (Line G, Schedule B, reverse side) _____
5. Total (Line 3 plus Line 4) _____
6. DEDUCT items not subject (Line N, Schedule B, reverse side) _____
7. ADJUSTED NET BUSINESS INCOME (Line 5 less line 6) _____
8. If Sch. C (Line 4) is used enter here AVERAGE _____
9. NET PROFITS Subject to Hart County License Fee (Line 7 x Line 8) _____

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

(Official Use Only)

Hart County
Account Number

- | | | |
|--|------|--|
| 10. Hart County License Fee at .8 % of amount of Line 9 (Maximum \$2000.00) | (10) | |
| 11. Interest - 1% per month or portion of a month | (11) | |
| 12. Penalty - 5% per month or portion of a month, not to exceed 25%, minimum \$25.00 | (12) | |
| 13. Total (Line 10+11+12) | (13) | |
| 14. Less credits - INITIAL ESTIMATE | (14) | |
| 15. BALANCE DUE..PAY THIS AMOUNT | (15) | |

Make Check Payable to:
 Hart County Treasurer
 Mail To:
 Hart County Occupational Tax
 P.O. Box 247
 Munfordville, KY 42765

Prepared By: _____ Address: _____

I HEREBY CERTIFY That the statements made herein and any supporting schedule or exhibit are true, correct, and complete.

(Signature of License Fee Payer): _____ Date: _____

NET PROFIT LICENSE FEE RETURN INSTRUCTIONS

GENERAL - In the case of an individual, partnership, association, corporation, fiduciary or other entity engaged in the conduct or operation of any business professional or enterprise, there is imposed an annual license fee being .8% (.008) percent of the net profits of such business, profession or other enterprise if and to the extent of business conducted in or derived from activity in the county limits. In the event of a net loss, no tax is due; however, a return must be filed along with a copy of your applicable federal schedule showing the loss.

WHO SHOULD FILE - Every person or business entity engaged in any business for profit and any person that is required to make a filing with the IRS or the Kentucky Revenue Cabinet shall be required to file a Net Profit License Fee Return with the Hart County Occupational Tax Administrator.

WHEN TO FILE - The Net Profit License Fee Return must be filed on or before April 15 if licensee is on a calendar year. Fiscal year returns are due 105 days after the Federal Tax Year end. If due date falls on Saturday, Sunday or Legal holiday the return may be filed on the next succeeding day. All returns must be post-marked by the due date to avoid late fees.

EXTENSION REQUESTS - If an extension of time for filing is necessary, a copy of your federal extension must be submitted on or before the due date of the return.

INTEREST & PENALTIES - Interest is 1% per month or portion of a month beginning the first day after the original due date to the date the return is filed. All License Fees remaining unpaid after the original due date will be subject to (5) percent penalty per month or portion of a month of the unpaid license fees. Penalty cannot be less than \$25.00, but cannot be more than 25% of the total tax due. All returns must be post marked by the due date to avoid late fees.

REFUNDS - Where there has been an over-payment of tax, a refund or credit shall be made to the taxpayer to the extent of over-payment only if a written application for refund is received by the county from the taxpayer within (2) years from the date over-payment was made.

SCHEDULE B	
NOTE: ADD AND/OR DEDUCT ONLY THOSE ITEMS WHICH ARE INCLUDED IN CALCULATING NET INCOME	
<p style="text-align: center;">ITEMS NOT DEDUCTIBLE - ADD</p> <p>A. Federal or Local taxes based on income _____</p> <p>B. License Fee under this Ordinance _____</p> <p>C. Ordinary Gain _____</p> <p>D. Net Operating Loss Deduction _____</p> <p>E. Partners' Salaries (attach schedule) _____</p> <p>F. Other items (list) _____</p> <p>G. TOTAL ADDITIONS (enter on Line 4) _____</p>	<p style="text-align: center;">ITEMS NOT SUBJECT - DEDUCT</p> <p>H. Interest on Corporate Bonds _____</p> <p>I. Interest on U.S. Government Securities _____</p> <p>J. Royalties on Patents, Copyrights _____</p> <p>K. Dividends _____</p> <p>L. Ordinary Loss _____</p> <p>M. Standard Deduction \$7500.00</p> <p>N. TOTAL DEDUCTIONS (enter on Line 6) _____</p>

SCHEDULE C APPORTIONMENT

All licensees whose business operations were not conducted entirely in the Tax Jurisdiction must complete this part, regardless of profit or loss.			DIVIDE
APPORTIONMENT FACTORS	COLUMN A Hart County	COLUMN B Total Everywhere	COLUMN C A/B = C
1) SALES FACTOR Gross Receipts from Sales, Rents, Work or Services Performed			%
2) PAYROLL FACTOR Compensation Paid or Payable to Employees			%
3) TOTAL PERCENTAGES	(If your business had both a sales factor and a payroll factor, then divide line 3 by two. However, if the business had either a sales factor or a payroll factor, but not both, then enter the single factor percentage here and Line 8 of front page).		%
4) BUSINESS APPORTIONMENT			%