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 _____

- o INDIVIDUAL
- o CORPORATION (DATE ORGANIZED __/__/__ STATE___)
- o PARTNERSHIP (LIST NAME AND ADDRESS OF EACH PARTNER ON BACK)
- o 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 o Calendar Year – December 31 o 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 ___.8___ %	(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

(Offical 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

(Offical Use Only)

Hart County Account Number

1. Total Gross Receipts per Federal Return, Form _____	(1)	
2. Total Business Deductions per Federal Return	(2)	
3. Net Business Income per Federal Return	(3)	
4. ADD Items not deductible (Line G, Schedule B, reverse side)	(4)	
5. Total (Line 3 plus Line 4)	(5)	
6. DEDUCT items not subject (Line N, Schedule B, reverse side)	(6)	
7. ADJUSTED NET BUSINESS INCOME (Line 5 less line 6)	(7)	
8. If Sch. C (Line 4) is used enter here AVERAGE	(8)	
9.NET PROFITS Subject to Hart County License Fee (Line 7 x Line 8)	(9)	
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 ture, 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 fails on Saturday, Sunday or Legal holiday the return may be filed on the next succeeding day. All returns must be post-marked by teh 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

ITEMS NOT DEDUCTIBLE - ADD		ITEMS NOT SUBJECT - DEDUCT	
A. Federal or Local taxes based on income	_____	H. Interest on Corporate Bonds	_____
B. License Fee under this Ordinance	_____	I. Interest on U.S. Government Securities	_____
C. Ordinary Gain	_____	J. Royalties on Patents, Copyrights	_____
D. Net Operating Loss Deduction	_____	K. Dividends	_____
E. Partners' Salaries (attach schedule)	_____	L. Ordinary Loss	_____
F. Other items (list)	_____	M. Standard Deduction	$7500.00
G. TOTAL ADDITIONS (enter on Line 4)	_____	N. TOTAL DEDUCTIONS (enter on Line 6)	_____

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.

APPORTIONMENT FACTORS	COLUMN A Hart County	COLUMN B Total Everywhere	DIVIDE 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			%