



Net Profit Quarterly Estimate Form

Tax Year Ending	Account Number

INDIVIDUAL/SOLE PROPRIETOR		
First & Last Name	Business Name (if applicable)	Social Security Number

CORPORATION - S CORP/PARTNERSHIP	
Business Name	Federal ID Number

MAILING ADDRESS			
Address	City	State	Zip Code
Email Address	Phone Number	Estimated Payment	

CHECK APPLICABLE QUARTER PAYMENT IS FOR
<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4

Estimated Tax Liability Worksheet

1. Adjusted Net Profit expected in the current year.	
2. Expected Receipt Factor - Fayette County receipts divided by receipts earned everywhere.	
3. Expected Wage Factor - Fayette County resident wages divided by wages everywhere.	
4. Expected Apportionment factor - (Line 2 + Line 3) divided by 2. Only divide if both factors are present.	
5. Multiply Line 1 x Line 4	
6. Multiply Line 5 by .005. This is the estimated current tax liability.	

Estimated tax payments are not required. This form is made available for businesses who wish to make quarterly estimated payments.

MAILING ADDRESS: TAX COLLECTION OFFICE , P.O. BOX 55570, LEXINGTON, KY 40555