Board of Education of Fayette County

2024 Net Profits Occupational License Tax Return

FORM 228-S

DO NOT MAIL FORMS AND CHECK SEPARATE

Make check payable to:
Fayette County Public Schools (FCPS)

Mail to:
Fayette County Public Schools
Tax Collection Office
P.O. Box 55570
Lexington, KY 40555-5570

DO NOT SEND CASH IN THE MAIL

Account Number
Federal ID or SSN
For Year Ending

A. Nature of business _____

B. Date business started in Fayette County _____

C. If organization was discontinued, state when _____

☐ Dissolution ☐ Sale Name of Successor _____

D. Did you have employees in Fayette County in 2024? Yes ☐ No ☐

E. Have federal authorities changed the net income as originally reported for any prior years? Yes ☐ No ☐

If yes, have amended returns been filed? ☐ ☐

If no, attach schedule of changes for each year. Years _____

F. Please check box if business had no activity within Fayette County ☐

G Please indicate filing status per Federal return: ☐ Individual

☐ Corporation ☐ S - Corp ☐ Partnership Other _____

H. Please check box if this return is:

☐ Initial ☐ Final ☐ Amended

SECTION 1: CALCULATION OF LICENSE TAX LIABILITY

1.	**Adjusted Net Profit from applicable worksheet — see reverse** **Attach applicable Federal Schedules**	1.
2.	**Average allocation percentage (Section 2, Line 4, Column C)**	2.
3.	**Adjusted Net Profits (Line 1 X Line 2)**	3.
4.	**License tax due (Line 3 X .005)**	4.
5.	**Less credits (attach schedule)**	5.
6.	**Subtotal (Line 4 - Line 5)**	6.
7.	**Interest (1% per month or portion of month)**	7.
8.	**Penalty (5% per month or portion thereof, not to exceed 25% minimum $25)**	8.
9.	**Balance due (add lines 6 through 8)**	9.
10.	**Overpayment: *check preference*** **☐ Refund ☐ Credit**	10.

SECTION 2: CALCULATION OF ALLOCATION PERCENTAGE

APPORTIONMENT FACTORS	Column A Urban Co. Factor	Column B Total Everywhere	Column C A/B=C
1. Sales factor (see instructions)	$	$	
2. Payroll factor (see instructions)	$	$	
3. Total percentage (add Column C, Lines 1 and 2)			
4. Average allocation percentage (Column C, Line 3 divided by number of factors). Enter on Line 2, Section 1			

This form must be filed and PAID IN FULL on or before **April 15, 2025**, or by the 15th day of the 4th month after close of fiscal year.

I hereby certify that the statements made herein and in any supporting schhedules are true, correct, and complete to the best of my knowledge.

Preparer's Signature	**Date**	**RETURN MUST BE SIGNED**	**Signature of licensee**	**Date**
Print Name	**Phone No.**		**Print Name**	**Title**

Net Profits Occupational License Tax Return
Worksheet 1—Calculation of Adjusted Net Business Income

ENCLOSE ALL APPLICABLE FEDERAL FORMS AND SCHEDULES

	Please complete the column that relates to your form of business	**Individual**	**Partnership**	**Corporation - S - Corporation**	**Other**
1	Non-employee compensation from Form 1099 –Misc reported as "other income" on federal Form 1040 (attach 1040 and 1099)		**NA**	**NA**	
2	Net profit or (loss) per Federal Schedule C or C-EZ of Federal Form 1040 (attach Form 1040, Schedule C or Schedule C-EZ)		**NA**	**NA**	
3	Rental Income or (loss) per Federal Schedule E of Form 1040 (attach Form 1040 and Schedule E)		**NA**	**NA**	
4	Net Farm Income or (loss) per Federal Schedule F of Federal Form 1040 (attach Form 1040 and Schedule F)		**NA**	**NA**	
5	Gain or (loss) on the sales of business property from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (attach Form 4797 or Form 6252)		**NA**	**NA**	
6	Ordinary business income or (loss) per Federal Form 1065 (attach Form 1065 and applicable schedules)	**NA**		**NA**	
7	Taxable income or (loss) per Federal Form 1120 or 1120A **OR** Ordinary income or (loss) per Federal Form 1120S (attach applicable forms; 1120, 1120A or 1120S and all applicable schedules)	**NA**	**NA**		
8	State and local license taxes or fees based on income deducted on Federal Schedule C, E, F, 1065, 1120, 1120A or 1120S (attach schedule)				
9	Additions from Schedule K of Federal Form 1065 or 1120S (attach Schedule K and applicable schedules)	**NA**			
10	Net operating loss deduction from Form 1120	**NA**	**NA**		
11	Partner's Salaries from Form 1065 (if not added back on Line 9)	**NA**		**NA**	
12	Expenses associated with income not subject to the license tax (attach schedule)				
13	Other Adjustments (attach schedule)	**NA**	**NA**		
14	Total Income (add Lines 1 through 13)				
15	Subtractions from Schedule K of Federal Form 1065 or Form 1120S (attach Schedule K and applicable schedules)	**NA**			
16	Income included in Line 14 deemed not subject to the license tax **(full explanation and schedule must be attached)**				
17	Total Deductions (add Lines 15 and 16)				
18	Adjusted Net Profit (Line 14 less Line 17) Enter result on Section 1, Line 1 of front page				