

SPECIFIC INSTRUCTIONS: NET PROFITS

SCHEDULE N: NET PROFIT METHOD

(Complete only one column, whichever is applicable)

For City/County of _____		Account# _____	
NAME OF CITY (Make copies of Schedule N as needed for additional Cities)	INDIVIDUAL	PARTNERSHIP	CORPORATION
1) Net Profit or Loss from Schedule C of Form 1040 (Attach Schedule C of Form 1040 or Equivalent)	1) _____		
2) Net Gain or Loss from Sale of Property Used in Trade or Business (Attach Schedule D, Form 4797 or Form 6252 of Form 1040 or Equivalent)	2) _____		
3) Net Profit or Loss from Schedule E of Form 1040 (Attach Schedule E of Form 1040 or Equivalent)	3) _____		
4) Net Profit or Loss from Farms Within Kenton County (Attach Schedule F of Form 1040 or Equivalent)	4) _____		
5) Ordinary Income or Loss from Form 1065 (Attach Pages 1,2 & 3 and Form 8825 of Form 1065)		5) _____	
6) Taxable Income from Form 1120 or 1120A or Ordinary Income or Loss from Form 1120S (Attach Pages 1,2 & 3 and Form 8825 of Forms 1120, 1120A or 1120S)			6) _____
7) State, Local, and License Taxes/Fees Paid Based Upon Income	7) _____	7) _____	7) _____
8) The Following Items Allocated to Partners or Shareholders Net Income Rental Activities, All Portfolio Income, Sec 1231 Net Gain Other than Casualty or Theft and Guaranteed Payments (Attach Schedule K of Form 1065 or 1120S or Equivalent)	8) _____	8) _____	8) _____
9) Net Operating Loss from Form 1120			9) _____
10) Total Income (Add Lines 1 through 9)	10) _____	10) _____	10) _____
11) The Following Items Allocated to Partners or Shareholders Net Loss Rental Activities, Any Portfolio Losses, Sec 1231 Net Loss Other than Casualty or Theft, Charitable Contributions and Sec 179 Deduction NOTE: Self Employment Tax Payments and Keogh, SEP and Medical Insurance Payments on Behalf of Partners or Shareholders are not Deductible	11) _____	11) _____	11) _____
12) Alcoholic Beverage Sales Deduction (Schedule X, Line 3)	12) _____	12) _____	12) _____
13) Total Deductions (Add Lines 11 & 12)	13) _____	13) _____	13) _____
14) Adjusted Net Profit (Subtract Line 13 from Line 10)	14) _____	14) _____	14) _____
15) Allocation Percentage (If Applicable) (Schedule Y, Line 5)	15) _____	15) _____	15) _____
16) SUBJECT EARNINGS (Multiply Line 14 x Line 15) Enter Result here and on Page 1, Col. 3, "SUBJECT EARNINGS" for this City)	16) _____	16) _____	16) _____

SCHEDULE Y: BUSINESS ALLOCATION

(Only to be used by business paying on less than 100% of net profit or gross receipts)

Account# _____

For City/County of _____	(Make a copy of Schedule Y as needed for additional Cities)		
	A. LOCATED EVERYWHERE	B. LOCATED CITY/ COUNTY ABOVE	C. PERCENTAGE (B DIVIDED BY A)
PROPERTY FACTOR:			
1a) AVERAGE VALUE OF REAL AND TANGIBLE PERSONAL PROPERTY	_____	_____	
1b) GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
TOTAL (1a + 1b)	_____	_____	_____ %
PAYROLL FACTOR:			
2) WAGES, SALARIES, ETC. PAID EMPLOYEES (DO NOT INCLUDE CONTRACT OR SUB-CONTRACT LABOR)	_____	_____	_____ %
SALES FACTOR:			
3) GROSS RECEIPTS FROM SALES, RENTS, WORK OR SERVICES PERFORMED	_____	_____	_____ %
4) TOTAL PERCENTAGES			_____ %
5) ALLOCATION PERCENTAGE (Divide TOTAL PERCENTAGES by NUMBER OF PERCENTAGES USED (IF COLUMN "B" OF ANY FACTOR IS ZERO, DO NOT USE THAT FACTOR TO DIVIDE BY))			_____ %