



NEWPORT
KENTUCKY

PAYROLL FEE REFUND REQUEST CN11

NAME _____

ADDRESS _____

CITY, ST, ZIP _____

EMAIL _____ PHONE _____

COMPUTATION OF LICENSE FEE:

- 1. TOTALS, WAGES, COMMISSIONS & ETC, EARNED _____
(Attach copy of W2)
- 2. NUMBERS OF DAYS WORKED DURING THE YEAR _____
- 3. NUMBER OF DAYS FROM LINE 2 WORKED INSIDE CITY _____
- 4. DAYS WORKED INSIDE CITY AS A PERCENTAGE _____
(LINE 3 DIVIDED BY LINE 2)
- 5. WAGES SUBJECT TO WITHHOLDING (LINE 4 x LINE 1) _____
- 6. LINE 5 x 2 ½ % _____
- 7. TOTAL CITY FEE WITHHELD AS SHOWN ON W-2 _____
- 8. IF LINE 6 IS GREATER THAN LINE 7, ENTER FEE _____
- 9. IF LINE 7 IS GREATER THAN LINE 6, ENTER REFUND DUE _____

IMPORTANT: Accompany the request with a letter from your employer indicating the refund is correct.

I certify the above statements contain no willful misrepresentations or falsifications and the information given to me is true and complete.

Employee (signature)

Date

City of Newport 998 Monmouth Street, Newport, KY 41071 P: 859.292.3660 F: 859.292.3663

Please send Refund Requests and questions to LicenseQuestions@Newportky.gov