



CITY OF NEWPORT  
 PO BOX 1090  
 NEWPORT, KY 41071-1090  
 (859) 292-3660

CN-1 EMPLOYER/INDIVIDUAL  
 RETURN OF LICENSE FEE DUE  
 UNDER ORDINANCE 849 AS  
 AMENDED BY ORD. 0-74-9

**THIS RETURN MUST BE FILED  
 WHETHER YOU HAD EMPLOYEES  
 OR NOT DURING THIS PERIOD.**

List Number of Employees \_\_\_\_\_

1. Total Salaries, Wages, Commissions, Tips and other Compensation		<b>FOR QUARTER ENDED</b>	<b>DUE ON OR BEFORE</b>
2. Less Compensation exempt from taxation			
3. Taxable Earnings (Line 1 minus Line 2)		<b>CITY OCCUPATIONAL ACCOUNT NUMBER</b>	
<b>4. Tax Due (Line 3x2.5%)</b>			
5. Less Credits or Overpayments			
6. Net Taxes Due on or Before Due Date (Line 4 Minus Line 5)		<b>MAILING ADDRESS OF BUSINESS</b>	
7. Interest – 1% per month after due date			
8. Penalty – 10% of amount due (minimum of \$5.00)			
<b>9. TOTAL TAX, PENALTY AND INTEREST</b>			

\*\*If there is an amount on Line 2, please attach a supporting schedule to include name, S. S. #, total salary and total salary exempt or use CN-8 and/ or CN-10. The FICA limit is the maximum earnings subject to the fee: [www.ssa.gov](http://www.ssa.gov) Forms can be downloaded at [www.newportky.gov](http://www.newportky.gov) and questions can be sent to [licensequestions@newportky.gov](mailto:licensequestions@newportky.gov)

I hereby certify that this information is true and correct:

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date**    /    / \_\_\_\_\_