



CITY OF NEWPORT  
DEPARTMENT OF FINANCE  
Return Address:  
P. O. Box 711090, Newport, KY. 41071  
(859) 292-3660

CN-15

## Reconciliation of License Fee Withheld Due February 28, 2026

### During the Year Ended 2025

#### EMPLOYER'S INFORMATION:

#### TOTAL NEWPORT FEE WITHHELD:

NAME _____	Quarter ended Mar. 31	\$ _____
ADDRESS _____	Quarter ended Jun. 30	\$ _____
CITY _____	Quarter ended Sept. 30	\$ _____
STATE/ZIP _____	Quarter ended Dec. 31	\$ _____

FEIN: \_\_\_\_\_

This Reconciliation must be accompanied by W-2 Forms.

Maximum taxable amount is based on the FICA limit.

#### ANNUAL TOTALS

1. Total Employees for the year	_____
2. Total Salaries, Wages, Commissions Non-allocated Tips	\$ _____
3. Less Compensation Paid Over the Maximum Liability	\$ _____
4. Less Compensation Paid for Services Performed Outside of Newport	\$ _____
5. Taxable Earnings (Subtract line 3&4 from line 2).	\$ _____
6. Actual Tax Due (2.5% of line 5)	\$ _____
7. Actual Tax Paid	\$ _____
8. Amount Due - If line 6 is greater than line 7	\$ _____
9. Amount Overpaid - If line 7 is greater than line 6	\$ _____

X \_\_\_\_\_  
SIGNATURE OF PERSON PREPARING FORM DATE

TITLE \_\_\_\_\_ EMAIL \_\_\_\_\_

THIS FORM MAY BE EMAILED TO [PAYROLL@NewportKY.gov](mailto:PAYROLL@NewportKY.gov) IF NO ADDITIONAL FEES ARE OWED.