



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:

NAME _____

ADDRESS _____

CITY _____

STATE/ZIP _____

FEIN: _____

TOTAL NEWPORT FEE WITHHELD:

Quarter ended Mar. 31 \$ _____

Quarter ended Jun. 30 \$ _____

Quarter ended Sept. 30 \$ _____

Quarter ended Dec. 31 \$ _____

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 IF NO ADDITIONAL FEES ARE OWED.