



NEWPORT
KENTUCKY

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

Business Name _____
Address _____
City, State, Zip _____

- 1. Total Salaries, Wages, Commissions, Tips and Other Compensation \$ _____
- 2. Less Compensation Exempt from Taxation** \$ _____
- 3. Taxable Earnings (Line 1 Minus Line 2) \$ _____
- 4. **Fee Due (Line 3x2.5%)** \$ _____
- 5. Less Credits or Overpayments \$ _____
- 6. Net Taxes Due on or Before Due Date (Line 4 Minus Line 5) \$ _____
- 7. Interest – 1% per month After Due Date \$ _____
- 8. Penalty – 10% of Amount Due (Minimum Of \$5.00) \$ _____
- 9. **TOTAL FEE, PENALTY AND INTEREST** \$ _____

FOR QUARTER ENDED	DUE ON OR BEFORE
_____	_____
OCCUPATIONAL ACCOUNT NUMBER	
Number of Employees _____	
<p><u>Return Address:</u> PO Box 1090, Newport, KY 41071</p>	
<p><u>CN-15 Payroll Annual Reconciliation and CN-14 Return of Tip Income</u> are due every year by February 28th.</p>	

****If there is an amount on Line 2, either attach a supporting schedule to include name, S. S. #, total salary and total salary exempt or use CN-8 and CN-10. The FICA limit is the maximum earnings subject to the fee: www.ssa.gov Forms are located at www.NewportKy.gov and questions should be sent to Payroll@NewportKY.com**

I hereby certify that this information is true and correct:

Name _____ **Title** _____ **Date** _____