



CITY OF NEWPORT
DEPARTMENT OF FINANCE & ADMINISTRATION
LICENSE DIVISION
(859) 292-3660
www.NewportKY.gov

RENEWAL OF OCCUPATIONAL LICENSE
LICENSE PERIOD JULY 1ST THROUGH JUNE 30TH

CN-16

NAME _____
ADDRESS _____
ADDRESS _____
CITY, STATE & ZIP _____

FEDERAL EMPLOYER I.D. _____
KENTUCKY EMPLOYER I.D. _____
SOCIAL SECURITY NUMBER _____

- ☐ **ANNUAL RENEWAL**
☐ WITH FEDERAL EXTENSION *
- ☐ **AMENDED RENEWAL**
☐ DUE TO EXTENSION FILED
☐ PREPAY FOR JOB/PROJECT/PERMIT
OVER \$50K (CREDIT TO NEXT YEAR)
- ☐ **FINAL RETURN**

LICENSE PERIOD ENDING 6 / 3 0 / 2 6

DUE ON OR BEFORE* 4 / 1 5 / 2 5

DUE DATES: APRIL 15TH FOR CALENDAR YEAR END (12/31)
OR 105 DAYS AFTER FOR FISCAL YEAR END

FISCAL YEAR END DATE (IF NOT 12/31) _____

1. TOTAL GROSS RECEIPTS FOR THE PREVIOUS TAX YEAR (2 0 2 4) \$ _____

If your accounting period is based on a calendar year, use the receipts information as of December 31 of the proceeding calendar year.
If your accounting period is based on a fiscal year other than a calendar year, use gross receipts as of the most recently completed fiscal year.
If your business has an additional location outside the city, use only gross receipts generated from your Newport location.

If your business is not located in Newport, use only the gross receipts actually earned in Newport.

2. LESS GROSS RECEIPTS EXEMPT FROM TAXATION (ENTER LINE E. HERE) \$ _____

If you claim any deductions on Line 2, provide the nature and amount of each deduction:

A. Gross receipts earned outside of Newport (\$) _____
(Complete CN-12 if applicable for a business having a **Newport location**)*
B. Gross total of bad debts (\$) _____
C. Value of items returned to manufacturer (\$) _____
D. Gross receipts from the sale of Alcoholic beverages (\$) _____
E. Total Deductions (Total of A,B,C,D-Enter on Line 2) (\$) _____

3. TOTAL NEWPORT GROSS RECEIPTS (SUBTRACT LINE 2. FROM LINE 1.) \$ _____

4. MULTIPLY LINE 3. BY .0035 (ENTER AMOUNT HERE) \$ _____

If the amount on Line 4 is **greater than \$75**, this is the amount you pay.
If the amount on Line 4 is **\$75 or less**, you pay the \$75 minnum.
If the amount on Line 4 is greater than \$32,300 see Item 1 of the License Information Handout

5. ACTUAL AMOUNT DUE IF PAID BY DUE DATE (ENTER LINE 4. HERE) \$ _____

**6. MINIMUM PENALTY IS \$25 OR 5% OF LINE 5. PER MONTH OR FRACTION
THEREOF PAST THE DUE DATE UP TO 25% WHICHEVER IS GREATER \$ _____**

7. INTEREST IS 1% OF LINE 5.PER MONTH OR FRACTION THEREOF \$ _____

8. PRE-PAYMENT OF ESTIMATED FEE DUE TO EXTENSION REQUEST * \$ _____

9. TOTAL REMITTANCE OR CREDIT CARRYOVER TO NEXT YEAR \$ _____

* **EXTENSION REQUESTS ARE REQUIRED TO BE ACCOMPANIED BY AN ESTIMATED PAYMENT EQUAL TO THE PREVIOUS
YEAR'S FEE PAID OR AN ESTIMATED PAYMENT BASED ON 85% OR MORE OF THE PROJECTED FEE DUE.**

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES
AND EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNED X _____ TITLE _____ DATE _____

EMAIL _____ PHONE _____

MAKE PAYABLE: CITY OF NEWPORT * DEPT. OF FINANCE * P.O. BOX 711090, NEWPORT, KY. 41071

QUESTIONS CAN BE SENT TO OL@NEWPORTKY.GOV