

CITY OF COVINGTON, KENTUCKY
EMPLOYERS' ANNUAL RECONCILIATION OF
LICENSE FEE WITHHELD

For Year Ended
 Month Day Year

Print Name & Mailing Address of Employer

TO:

Account #

Federal ID #

WITHHOLDING PAYMENT SCHEDULE - MONTHLY OR QUARTERLY

Jan _____	April _____	July _____	Oct _____
Feb _____	May _____	Aug _____	Nov _____
Mar _____	June _____	Sept _____	Dec _____
1st Qtr _____	2nd Qtr _____	3rd Qtr _____	4th Qtr _____

Number of Employees as of 12/31: _____ Total Payments \$ _____

FEE COMPUTATION

*****IMPORTANT*****

Enclose Copies of
 Federal Forms W-2
 and W-3,
 Transmittal of Wage
 and Tax
 Statements, or a
 Detailed Employee
 Listing with the
 Required
 Equivalent
 Information

DUE
FEBRUARY 28

Remit to:
CITY OF COVINGTON
 638 Madison Ave.
 Covington, KY 41011
 (859)292-2184
www.covingtonky.gov

1) Total Wages, Tips, Other Compensation per Box 1 of Federal Form W-2 or W-3	_____
2) Add Deferred Compensation Contributed by Employees	_____
3) Add Welfare Benefit, Fringe Benefit, or Other Benefit Plan Payments Contributed by an Employee	_____
4) Total Gross Compensation (Add Lines 1 through Line 3)	_____
5) Less Total Gross Compensation Paid for Service Outside City of Covington and Portion of Earnings over FICA Maximum	_____
6) Taxable Compensation (Subtract Line 5 from Line 4)	_____
7) Occupational License Fee (LINE 6 x 2.45%)	_____
8) Total Payments Remitted	_____
9) Balance Due	_____
10) Penalty @ 5% per month or portion thereof, not to exceed 25%, minimum \$25	_____
11) Interest @ 1% per month from Due Date	_____
12) TOTAL AMOUNT DUE	_____
13) Overpayment Claimed (If Line 8 Exceeds Line 7)	_____
<input type="checkbox"/> Refund <input type="checkbox"/> Credit to next year estimate pymt	

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

SIGNATURE

TITLE

DATE