

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	\$ _____

*****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
20 WEST PIKE ST
Covington, KY 41011

(859)292-2184

www.covingtonky.com**

FEE COMPUTATION

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