

**CITY OF COVINGTON, KY LICENSE DEPARTMENT  
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD**

\*IF NO WAGES WERE PAID THIS PERIOD, MARK "NONE" AND RETURN THIS FORM WITH YOUR SIGNATURE

<p>1. Total number of employees _____</p> <p>2. Total salaries, wages, commissions, and other compensation paid to all employees for services within the City of Covington. \$ _____</p> <p>3. Excluded amount \$ _____</p> <p>4. Tax due this period at <b>2.45%</b> \$ _____</p> <p>5. Penalty for late filing <b>5% per month (maximum 25%) of line 2, or \$25 whichever is greater.</b> \$ _____</p> <p>6. Interest 1% per month or fraction thereof, of line 2. \$ _____</p>	<p>7. Total taxes due including Penalty &amp; Interest \$ _____</p> <p><i>I hereby certify that the information contained herein is true and correct.</i></p> <p>Signed _____ Date _____</p> <p>Official Title _____</p>
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<p>Licensee _____</p> <p>Account Number _____</p> <p>Federal ID No. <input style="width:100%;" type="text"/></p>	<p><b>FOR PERIOD ENDING</b></p> <table border="1" style="margin: auto;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p><b>RETURN DUE ON OF BEFORE</b> THE 15<sup>TH</sup> OF THE FOLLOWING MONTH <i>THOSE FILING QUARTERLY</i> (If remitting &lt; \$450) APRIL 30, JULY 31, OCTOBER 31, JANUARY 31</p>	Month	Day	Year				<p><b>Make Payments to:</b> City of Covington <b>Mail to:</b> City of Covington <b>20 W PIKE ST</b> <b>COVINGTON, KY 41011</b></p> <p>Phone: 859-292-2180 Fax: 859-292-2131</p>
Month	Day	Year						

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REVISED 12/31/20

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