

**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 salaries, wages, commissions, and other compensation paid to all employees for services within the City of Covington. \$ _____</p> <p>2. Tax due this period at 2.45% New rate effective 1/1/2013 \$ _____</p> <p>3. Penalty for late filing 5% per month (maximum 25%) of line 2, or \$25, whichever is greater. \$ _____</p> <p>4. Interest 1% per month or fraction thereof, of line 2. \$ _____</p>	<p>5. Total taxes due including Penalty & 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>						
<p>Licensee _____ Account Number _____</p> <p align="center">FOR PERIOD ENDING</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <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 align="center">RETURN DUE ON OF BEFORE THE 15TH OF THE FOLLOWING MONTH <i>THOSE FILING QUARTERLY</i> APRIL 30, JULY 31, OCTOBER 31, JANUARY 31</p> <p>Indicate any address changes above. Federal ID No. <input style="width:150px;" type="text"/></p>	Month	Day	Year				<p align="center">Make Payments to: City of Covington Mail to: City of Covington 20 West Pike Street Covington, KY 41011</p> <p align="center">Phone: 859-292-2183 Fax: 859-292-2131</p>
Month	Day	Year					

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

REVISED 5/9/2013

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