

**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 2.45% \$ _____</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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