



**CITY OF NEWPORT
DEPARTMENT OF FINANCE &
ADMINISTRATION
LICENSE DIVISION
P. O. Box 1090
NEWPORT, KY 41071
(859) 292-3660**

CN-15

Reconciliation of License Fee Withheld Due February 28, 20__

During the Year Ended 20__

EMPLOYER'S INFORMATION:

NAME _____
ADDRESS _____
CITY _____
STATE/ZIP _____

TOTAL NEWPORT FEE WITHHELD:

Quarter ended Mar. 31 \$ _____
Quarter ended Jun. 30 \$ _____
Quarter ended Sept. 30 \$ _____
Quarter ended Dec. 31 \$ _____

This Reconciliation must be accompanied by W-2 Forms.

Maximum taxable amount is based on the FICA limit.

ANNUAL TOTALS

1. Total Employees for the year _____
2. Total Salaries, Wages, Commissions
Non-allocated Tips \$ _____
3. Less Compensation Paid Over the
Maximum Liability \$ _____
4. Less Compensation Paid for Services
Performed Outside of Newport \$ _____
5. Taxable Earnings (Subtract line 3&4
from line 2). \$ _____
6. Actual Tax Due (2½% of line 5) \$ _____
7. Actual Tax Paid \$ _____
8. Amount Due - If line 6 is greater
than line 7 \$ _____
9. Amount Overpaid - If line 7 is
greater than line 6 \$ _____

X _____
SIGNATURE OF PERSON PREPARING FORM DATE

TITLE EMAIL