



Annual Occupational Fee & Business License Renewal Return
Kenton County and Cities', Kentucky

Form ACC1 REV 11/2020
 • LICENSEE, NOT PREPARER, RESPONSIBLE FOR ALL INFORMATION AND PAYMENTS.
 • DOWNLOAD INSTRUCTIONS, SCHEDULE N & G
 • DO **NOT** STAPLE THIS FORM OR ATTACHMENT

Print Form Erase All Entries LOJ

MANDATORY - MUST PROVIDE

| ACCOUNT NUMBER | YR ENDED | FISCAL END | CURRENT LICENSE EXPIRES | DUE DATE |
|------------------------------------|----------|------------|-------------------------|----------|
| | | MONTH DATE | | |
| FEDERAL I.D. OR SOCIAL SECURITY NO | | | NAICS Code | |

FINAL RETURN (Check ONLY to CLOSE ACCOUNT):
 DATE OPERATIONS CEASED OR BUSINESS SOLD: _____
 WAS THERE A CHANGE OF OWNERSHIP/ENTITY? NO YES

PRINT NAME & ADDRESS OF ENTITY ON CHANGE OF INFO SECTION
 EXTENSION REQUEST AND EXTENSION FILING INSTRUCTION

• FOR A SIX (6) MONTH EXTENSION, MAKE A COPY OF THIS FORM AND PAY AT LEAST 90% OF ANY ESTIMATED FEES DUE AND ALL LICENSE RENEWALS
 • ALLOCATE ALL ESTIMATED PAYMENTS TO EACH CITY OR COUNTY
 • **TAXPAYER MUST FILE TO COUNTY AND TO APPLICABLE CITIES BELOW**

Actual Return. Check this box, if an extension or superseding return was filed or estimated payments were applied. Enter each amount paid in column 7.

PROVIDE ANY CHANGE OF INFORMATION HERE

Business Name _____
 Business Owner _____
 Address _____
 City, State, ZIP _____

| COLUMN 1 CITY OR COUNTY | COL 2 FEE TYPE | COLUMN 3 SUBJECT EARNINGS | COL 4 RATE | COLUMN 5 FEE LIMITS | | COLUMN 6 FEE DUE | COLUMN 7 PAYMENT | COLUMN 8 TOTAL FEE DUE | COLUMN 9 BUSINESS LICENSE FOR TAX YEAR | COLUMN 10 PENALTY |
|---------------------------------|-------------------|---|---------------|------------------------|---------|---------------------|---------------------|---------------------------|---|----------------------|
| | | | | MINIMUM | MAXIMUM | | | | | |
| KENTON COUNTY \$0 TO \$37,500 | NET | | 0.007097 | 0.00 | 266.14 | | | | <input checked="" type="checkbox"/> 0 | |
| KENTON COUNTY \$37,501 and over | NET | | 0.001097 | 0.00 | 115.51 | | | | <input checked="" type="checkbox"/> 0 | ***** |
| BROMLEY | GROSS | | 0.00125 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| COVINGTON | NET | ***** File Covington Net Profit Tax Directly With City of Covington ***** | | | | | | | | |
| CRESCENT SPRINGS | GROSS | | 0.00075 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| CRESTVIEW HILLS | NET | | 0.0075 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| EDGEWOOD | NET | | 0.0075 | 50.00 | 0.00 | | | | <input type="checkbox"/> | |
| ELSMERE | NET | | 0.01 | 50.00 | 15,000 | | | | <input type="checkbox"/> | |
| ERLANGER | GROSS | | 0.00075 | 0.00 | 40,000 | | | | <input type="checkbox"/> | |
| FORT MITCHELL | GROSS | | 0.00075 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| FORT WRIGHT | GROSS | | 0.00075 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| INDEPENDENCE | GROSS | | 0.00075 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| LAKESIDE PARK | GROSS | | 0.0075 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| LUDLOW | GROSS | | 0.00132 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| PARK HILLS | GROSS | | 0.0035 | 25.00 | 1,000 | | | | <input type="checkbox"/> | |
| RYLAND HEIGHTS | NET | | 0.01 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| TAYLOR MILL | NET | | 0.02 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |
| VILLA HILLS | GROSS | | 0.00075 | 0.00 | 0.00 | | | | <input type="checkbox"/> | |

RETURN MUST BE SIGNED - I hereby certify under penalty of perjury, that the statements made herein and in any supporting schedule are true, correct and complete to the best of my knowledge.

SIGNATURE OF LICENSEE _____ DATE _____ PHONE NUMBER _____

PRINT NAME _____ TITLE _____

SIGNATURE OF INDIVIDUAL PREPARING FORM _____ DATE _____ PHONE NUMBER _____

PRINT NAME _____

Make checks payable and Remit to
 With Payments Send to: KENTON COUNTY FISCALCOURT PO BOX 706237 CINCINNATI OH 45270
 Without Payments Send to: KENTON COUNTY FISCALCOURT PO BOX 792 COVINGTON KY 41012

| | |
|---|-----------|
| TOTAL FEE DUE COLUMN 8 | 9a |
| Total Column 9 or County wide \$225. If filed late, enter Total of column 9. | 9b |
| Total Line 9A + Line 9B | 9c |
| PENALTY Total of Column 10 | 9d |
| INTEREST Line 9c x 1% Per Month Not to Exceed 12% Per Year | 9e |
| TOTAL DUE(CREDIT) 9c+9d+9e | 9f |
| Less Prior Year Credit or Carry Forward | 9g |
| GRAND TOTAL/(CREDIT) 9f - 9g | 9h |
| Amount from Line 9h you want Credited Refunded | 9i |