



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

<input type="checkbox"/> 1099	<input type="checkbox"/> ADJ	<input type="checkbox"/> ADT	<input type="checkbox"/> ALL	<input type="checkbox"/> CT1A	<input type="checkbox"/> LPS	<input type="checkbox"/> LOJ
<input type="checkbox"/> OV	<input type="checkbox"/> PI	<input type="checkbox"/> PRF	<input type="checkbox"/> RAE	<input type="checkbox"/> RF	<input type="checkbox"/> TERM	<input type="checkbox"/> UN

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								<input type="checkbox"/> 0	
KENTON COUNTY \$37,501 and over	NET								<input type="checkbox"/> 0	*****
BROMLEY	GROSS								<input type="checkbox"/>	
COVINGTON	NET	***** File Covington Net Profit Tax Directly With City of Covington *****								
CRESCENT SPRINGS	GROSS								<input type="checkbox"/>	
CRESTVIEW HILLS	NET								<input type="checkbox"/>	
EDGEWOOD	NET								<input type="checkbox"/>	
ELSMERE	NET								<input type="checkbox"/>	
ERLANGER	GROSS								<input type="checkbox"/>	
FORT MITCHELL	GROSS								<input type="checkbox"/>	
FORT WRIGHT	GROSS								<input type="checkbox"/>	
INDEPENDENCE	GROSS								<input type="checkbox"/>	
LAKESIDE PARK	GROSS								<input type="checkbox"/>	
LUDLOW	GROSS								<input type="checkbox"/>	
PARK HILLS	GROSS								<input type="checkbox"/>	
RYLAND HEIGHTS	NET								<input type="checkbox"/>	
TAYLOR MILL	NET								<input type="checkbox"/>	
VILLA HILLS	GROSS								<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 _____

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

PRINT NAME _____

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	9i
Refunded	