FORM CCI-M

CITY OF COVINGTON
LICENSE DEPARTMENT
638 MADISON AVENUE
COVINGTON, KY. 41011-2298

EMPLOYER'S MONTHLY RETURN OF LICENSE FEE WITHHELD

Under City of Covington Ordinance 0-70-66 (As amended)

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE CORRECT.

DATE _____ SIGNATURE _____ TITLE _____

ENTER AMOUNT OF EMPLOYEE LICENSE FEE WITHHELD AND PAID WITH THIS REPORT.

DOLLARS	CENTS
$	

THIS AMOUNT MUST BE PAID BY THE 15TH DAY OF THE MONTH FOLLOWING THE REPORTING PERIOD

Name and Address

Employer's No.

Month

RETURN WITH MONTHLY REMITTANCE

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