

DIVISION OF OCCUPATIONAL TAX COLLECTION

203 N Court Street, Suite 10

Campbellsville KY 42718

(270) 465-9760

NET PROFIT REFUND

TAXPAYER INFO. (Please Print)

NAME: _____

MAILING

ADDRESS: _____

ADDRESS: _____

SOC. SEC. #: _____

FEDERAL I.D.#: _____

1. Total Net Profit in 20____ (Attach schedule) \$ _____

2. Taxable Amount (line 1 x 1%) \$ _____

3. Estimated Payments/Amount Overpaid \$ _____

4. Adjusted Net Profit (line 3 less line 2) \$ _____

5. Amount to Be REFUNDED \$ _____

6. Specify City of Campbellsville _____ or Taylor County, KY _____

Check one. To apply for a refund from each separate forms must be completed.

I hereby certify that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.

Taxpayer's Signature

Date

Tax Preparer

Date Prepared