

TAYLOR COUNTY GOVERNMENT
DIVISION OF OCCUPATIONAL TAX COLLECTION

203 N Court Street, Suite 10
Campbellsville KY 42718
(270) 465-9760

EMPLOYEE REFUND CLAIM

EMPLOYEE
(Please Print)

EMPLOYER
(Please Print)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

SOC. SEC. #: _____

DATE OF BIRTH: ____ / ____ / ____
MM DD YY

FEDERAL I.D.#: _____

- | | |
|--|----------|
| 1. Total Gross Wages in 20_____ (Attach W-2's) | \$ _____ |
| 2. Amount paid | \$ _____ |
| 3. Amount due (Line 1 x .01) | \$ _____ |
| 4. Amount overpaid (line 2 less line 3) | \$ _____ |
| 5. Amount to be REFUNDED | \$ _____ |

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

Employee's Signature

Date

Employer's Signature

Date