

# Warren County Government

Application for Employee Refund of Occupational Taxes Withheld  
429 East 10<sup>th</sup> Street, Suite 200  
Bowling Green, KY 42101  
270-842-5805

Refund Year \_\_\_\_\_ Account Number \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Sec # \_\_\_\_\_ Employed By \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

## Section A

Give a description of your job duties below and summarize the facts surrounding your request for a refund. A separate sheet can be used if more room is needed.

## Section B

Identify Other Kentucky Cities & Counties Where Employee Worked During the Year: (Attach separate sheet if necessary)

KENTUCKY CITIES

KENTUCKY COUNTIES

- 1.
- 2.
- 3.

I hereby certify the statements made herein and supporting schedules are true and correct to the best of my knowledge. Return must be signed and notarized to be processed.

Signature of Employee \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_ County of \_\_\_\_\_ Commonwealth of Kentucky

Signature of Employer \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_ County of \_\_\_\_\_  
Commonwealth of Kentucky

### Section C

1. Total Number of Days worked During the Year \_\_\_\_\_
2. Number of Days from Line 2 Worked Inside the County \_\_\_\_\_
3. Days Worked Inside the County as a Percentage \_\_\_\_\_  
(Line 2 Divided by Line 1)
4. Gross Wages, Commissions, Earnings \_\_\_\_\_  
(This must be total gross, which includes  
Any Deferred compensation or Thrift Plan)
5. Earnings Subject to License Fee \_\_\_\_\_  
(Line 4 x Line 3)
6. License Fee Due (1% of Line 5) \_\_\_\_\_
7. Total License Fee Withheld as Shown on W2 \_\_\_\_\_
8. Refund requested (Line 6 from Line 7) \_\_\_\_\_

#### IMPORTANT

The following items are required for your request to be processed:

1. Attach W-2 Copy
2. Employer Information Required
3. Return Must be Signed and Notarized
4. Explanation of Refund Must be Completed or Attached