

**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**

Account Number/FED ID #/SSN \_\_\_\_\_ Refund Year \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Mailing Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Mailing Address \_\_\_\_\_

Work/Home Phone Number \_\_\_\_\_

Reason applying for Refund \_\_\_\_\_

Identify other Kentucky Cities/Counties where employee worked during the year. (Attach separate sheet if necessary) \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete this section:

1. Total number of days worked during the year..... \_\_\_\_\_
2. Number of days worked inside Warren County..... \_\_\_\_\_
3. Days worked inside WC as a percentage (Line 2 divided by Line 1). \_\_\_\_\_
4. Gross Wages, Commissions, Earnings, Deferred Comp, Thrifts..... \_\_\_\_\_
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 subtracted from Line 7)..... \_\_\_\_\_

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

1. Attach a copy of W2
2. Employer information required.
3. Return must be signed.
4. Explanation of refund request must be completed or attached.