

**Application for Employee Refund of
Occupational Taxes Withheld
Ordinance No. 2009-01 Section 8(2)**

Do Not Duplex Form

PART I: EMPLOYER INFORMATION

Employer's Business Name _____

Employer's Federal ID Number _____

Employer's Account ID _____

PART II: APPLICANT INFORMATION

Last Name _____

First Name _____

MI _____

Social Security Number _____

Address (number and street) _____

Unit/Apt. No. _____

Year Refund Requested For _____

City, Town, or Post Office _____

State _____

Zip Code _____

Employee's Job Description _____

Email _____

Phone No. _____

Ext. _____

PART III: WORK PREFORMED OUTSIDE OF PIONEER VILLAGE, KY

If all work was performed in Pioneer Village, KY, skip to part IV

1. Number of hours worked outside Pioneer Village, KY during the year _____
2. Total number of hours worked (excluding holiday, vacation, & sick days)
Normal Work Year = 2080 hours _____
3. Percentage of time worked outside Pioneer Village, KY (Divide Line 1
by Line 2) Must be at least 5% to claim refund
If less than 5% do not complete this form. _____
4. Total gross wages per Box 5 or Box 18, whichever is greater on
Form W-2 (including deferred compensation) _____
5. Total wages earned outside Pioneer Village, KY (Multiply Line 3
by Line 4) _____
6. Local taxable wages (Subtract Line 5 from Line 4) _____
7. Total Tax Due (Multiply Line 6 by applicable tax rate) 1% of gross wages _____

Mailing Address: 4700 Summitt Drive, Louisville, KY 40229

8. Amount of tax withheld per Form W-2 for prior year or year to date payroll check stub for current year (**Copy of applicable document must be submitted with this application or delay will occur.**) _____
9. Amount of refund requested (Subtract Line 7 from Line 8) _____

PART IV: EXPLANATION FOR REFUND

Check all applicable quarters involved in Overpayment

- 1st Quarter (Jan-Mar) 2nd Quarter (Apr-Jun) 3rd Quarter (Jul-Sep) 4th Quarter (Oct-Dec)

Check appropriate explanation for overpayment below

1. Occupational taxes withheld from wages while working outside Pioneer Village, KY

PART V: SIGNATURE CERTIFICATION

(Employer's Certification Must be notarized)

Employee's Certification

I hereby certify that the information provided above is true and correct

Signature of Employee _____ Date _____

Employer's Certification

I hereby certify that the information provided above is true and correct

Employer's/Agent's Authorized Signature _____ Date _____

Print Legal Name of Employer/Agent _____ Daytime Phone Number _____

Subscribed and sworn to before me this _____ day of _____, 20____, by _____.

(Notary Printed Name)
 Notary Public, Kentucky State at Large
 My Commission Expires:
 Notary ID

- This notarial act was performed by means of communication technology

THIS INFORMATION WILL BE FORWARDED TO YOUR HOME TAXING AUTHORITY.