

EMPLOYEE REFUND CLAIM FORM

ERC-OVERPAID

DIVISION OF OCCUPATIONAL TAX COLLECTION

P.O. BOX 529

Campbellsville KY 42719-0529

(270) 465-9760

REFUND CLAIM

**EMPLOYEE
(Please Print)**

**EMPLOYER
(Please Print)**

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

A COPY OF THIS FORM WILL BE FORWARDED

**TO THE LOCALITY WHERE WAGES WERE
ACTUALLY EARNED.**

FEDERAL I.D.#: _____

EMPLOYER PHONE () _____ - _____

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1. Total Gross Wages in 20_____ (Attach W-2's) \$ _____

2. WAGES EARNED OUTSIDE JURISDICTION \$ _____

3. Adjusted Gross Wage (line 1 less line 2) \$ _____

LOCALITY WHERE WAGES WERE EARNED _____

4. Amount Withheld shown on w-2 A _____

Total Occupational due (line 3 x rate .01) B _____

5. Amount to Be REFUNDED Line A-B \$ _____

6. Specify City of Campbellsville _____ or Taylor County refund _____

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

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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