

**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**