

TAYLOR COUNTY GOVERNMENT
DIVISION OF OCCUPATIONAL TAX COLLECTION

203 N Court Street, Suite 10
Campbellsville KY 42718
(270) 465-9760

EMPLOYER REFUND CLAIM

EMPLOYER
(Please Print)

NAME: _____

ADDRESS: _____

FEDERAL I.D.#: _____
MM DD YY

Table with 2 columns: Description and Amount. Rows include Total Gross Wages in 20____, Amount paid, Adjusted Taxable Wage, TOTAL OCCUPATIONAL TAX DUE (line 3 x 1%), Total Occupational Tax forwarded by Employer, and Amount to Be REFUNDED (line 5 less line 4).

I hereby certify that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.

Employer's Signature

Date

PREPARER/CPA

Date