

TAYLOR COUNTY GOVERNMENT
DIVISION OF OCCUPATIONAL TAX COLLECTION
203 N Court Street, Suite 10
Campbellsville KY 42718
(270) 465-9760

NET PROFIT REFUND

TAXPAYER INFO.
(Please Print)

NAME: \_\_\_\_\_

MAILING

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOC. SEC. #: \_\_\_\_\_

FEDERAL I.D.#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_
MM DD YY

- 1. Total Net Profit in 20\_\_\_\_ (Attach schedule) \$\_\_\_\_\_
2. Taxable Amount (line 1 x 1%) \$\_\_\_\_\_
3. Estimated Payments/Amount Overpaid \$\_\_\_\_\_
4. Adjusted Net Profit (line 3 less line 2) \$\_\_\_\_\_
5. Amount to Be REFUNDED \$\_\_\_\_\_

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

Taxpayer's Signature

Date

Tax Preparer

Date Prepared