

Net Profit Refund

Division of Occupational Tax Collection
Attn: Hallie Newton
203 North Court Street, Suite 10
Campbellsville, KY 42718

P.O. Box 529
Campbellsville, KY 42719-0529
Phone: (270) 465-9760
occtax@taylorcounty.us

Taxpayer (Please Print)

Name: _____


Address: _____

Contact Person: _____

Federal ID #: _____

Phone: _____

Account #: _____

- | | |
|---|---|
| 1. Total Net Profit in 20_____ (MUST Attach Schedule) | \$ _____ |
| 2. Taxable Amount (1% of Line 1) | \$ _____ |
| 3. Estimated Payments/Amount Overpaid | \$ _____ |
| 4. Adjusted Net Profit (Line 3 less Line 2) | \$ _____ |
| |  |
| 5. Amount to be Refunded | \$ _____ |

Specify which locality this should apply. Separate forms must be complete for each locality.

City of Campbellsville Refund _____ Taylor County Refund _____

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