

DIVISION OF OCCUPATIONAL TAX COLLECTION

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

EMPLOYEE REFUND CLAIM - 65 EXEMPT

EMPLOYEE

EMPLOYER

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

SOC. SEC. #: _____

DATE OF BIRTH: ____/____/____
MM DD YY

FEDERAL I.D.#: _____

***MUST PROVIDE PROOF OF AGE...COPY OF DRIVERS LICENSE, ETC.

- 1. Total Gross Wages in 20____ (Attach W-2's) \$ _____
2. Natural Persons 65 or Older \$ <\$2,000.00> _____
3. Adjusted Gross Wage (line 1 less line 2) \$ _____
4. TOTAL OCCUPATIONAL TAX DUE (line 3 x 1%) \$ _____
5. Total Occupational Tax WITHHELD by Employer \$ _____
6. Amount to Be REFUNDED (line 5 less line 4) \$ _____
7. Specify City of Campbellsville _____ or Taylor County, KY _____

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

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