

Senior Citizens Refund Form

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

Employee

(Please Print)

Name: _____

Address: _____

SSN: _____

Phone: _____

Employer

(Please Print)

Name: _____

Address: _____

Federal ID #: _____

Phone: _____

1. Total Gross Wages in 20____ (MUST 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 (1% of Line 3) B _____



5. **Amount to be Refunded** (Line A less Line B) \$ _____

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.

Employee's Signature

Date

Employer's Signature

Date