



Occupational Tax Administrator

PO BOX 671, HENDERSON, KENTUCKY 42420

Phone: 270-831-1290

Fax: 270-827-6054

**City of Henderson- Employee Request for Refund of Payroll
Tax Withheld**

For internal use only

Account #: _____

Refund Amount: _____

Date Approved: _____

ALL REFUND REQUEST INFORMATION IS SUBJECT TO BE SHARED BETWEEN TAXING JURISDICTIONS.

Pursuant to City of Henderson Ordinance No. 17-05, refunds must be requested within two years from the date the overpayment was made.

1. Employee Name _____

2. SS # _____

3. Address _____

4. City, State & Zip Code _____

5. Home Phone _____

6. Business Phone _____

7. Employer's Name _____

8. Address _____

9. Owner/Manager _____

10. Office Phone _____

11. Payroll Supervisor _____

12. Office Phone _____

13. Job Description _____

14. Year Refund Request For _____

EXPLANATION FOR REFUND: Check appropriate explanation for overpayment below

____ 1. Occupational taxes withheld from wages while working outside the City of Henderson.

____ 2. Check here if refund is related to COVID-19 temporary work location.

____ 3. Other (Must provide a detailed explanation)

Calculation of Refund

1. Number of hours worked outside the City of Henderson during the year _____
2. Total number of hours worked (including holiday, vacation, and sick days, a normal work year = 2080 hours) _____
3. Percentage of time worked outside the City of Henderson (Divide Line 1/Line 2) _____
4. Total gross wages per attached W2 form (including deferred compensation) _____
5. Total amount of wages earned outside the City of Henderson (Line 3 x Line 4) _____
6. Wages subject to the City of Henderson Payroll Tax (Line 4 – Line 5) _____
7. Total Refund/Payment _____

Calculation of Hours worked (Total time spent, both in the City of Henderson and in other locations should total 100% of hours worked. You may use a separate sheet if necessary). **If applying for a refund of taxes paid on compensation earned outside the City of Henderson, you will be required to provide proof of payment to that jurisdiction or proof that no tax is due in those jurisdictions.**

Name of County/City/State

Number of Hours Worked in this Jurisdiction

1. _____

2. _____

3. _____

EMPLOYEE CERTIFICATION

I, _____, do hereby certify that the information contained in the application for refund of overpayment of Occupational license fee, and all schedules and documentation submitted herewith, is true.

Employee Signature

State of Kentucky

County of _____

Subscribed and sworn before me by _____ this _____ day of _____, _____.

Notary Public _____

My Commission Expires: _____

EMPLOYER VERIFICATION

I, _____ state that I am _____ of _____ Company, that _____ is an employee of such company, and that I have reviewed the above information supplied by the employee and that it is true and correct to the best of my knowledge and belief.

(Signature)

State of Kentucky

County of _____

Subscribed and sworn before me by _____ this _____ day of _____, _____.

Notary Public _____

My Commission Expires: _____