



Boone County Fiscal Court
www.boonecountyky.org
PO Box 960
Burlington, KY 41005
859-334-2144 Phone
859-334-3914 Fax
occlicense@boonecountyky.org

2018 APPLICATION FOR EMPLOYEE REFUND OF OCCUPATIONAL TAXES WITHHELD

Part I: REFUND REASON

- Boone County taxes withheld on compensation earned outside Boone County
- Taxes withheld on compensation over the maximum limit
- Taxes withheld at the incorrect rate
- School Board tax withheld from wages of employee who was a non-resident of the Boone County School District during all or part of tax year
- Other: (Must provide detailed explanation)

Part II: EMPLOYER INFORMATION

Employer's Name:
Employer's Federal ID Number:
Employer's Boone County Account Number:

****W2 FORMS MUST BE SUBMITTED WITH APPLICATION OR A DELAY WILL OCCUR****

Part III: APPLICANT INFORMATION

Refund Requested for Year:
Refund Amount (from Pg 2, #16):
Employee's SSN:
Employee's Name:
Daytime Phone Number:
Street Address (include Street, City, State & Zip):

Employee's job description:

Part IV: REFUND CALCULATION: This section must be completed by employees requesting a refund. If all work was performed in Boone County, Kentucky, skip to part IV, Line 6, on page 2 and enter your Gross Compensation and continue with refund calculation. See page 2.

Part V: NON-RESIDENCY STATEMENT: Must be completed if claiming refund as a non-resident of the Boone County School District for the Boone County School Board tax.

I hereby certify that my residence is: Street Address, City/County/State/Zip Since: (date or date range)

Part VI: EMPLOYEE'S CERTIFICATION

I hereby certify that the information provided in this refund request is true and correct.
Employee's Signature :
Date:

Part VII: EMPLOYER'S CERTIFICATION (Must be notarized)

I hereby certify that the information provided in this refund request is true and accurate.

Employer's Authorized Signature:
Title:
Date:
Daytime Direct Phone Number:

Subscribed and sworn to before me this ____ day of _____, 20__ by

My Commission Expires: _____
Notary Public, State at large, _____

****Employer's certification is not needed for taxes withheld on compensation over the maximum limit from 2 or more employers****



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Name: _____ SSN: _____

Please fill out the below data for the above noted employee for tax year 2018. Total work time spent, both in Boone County and in other locations should total 100% of hours worked. You may use a separate sheet of paper if necessary.

Name of County/City/State	Number of Hours(Spent working in this jurisdiction)
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_____	_____
_____	_____
_____	_____
_____	_____

1. Number of hours worked outside Boone (per schedule above) _____

2. Total number of hours worked* _____

*(including holiday, vacation, and sick days - normal work year = 2080 hours)

3. Percentage of time worked outside Boone _____

4. Total Gross wages per W2 Form, including deferred compensation _____

5. Total wages earned outside Boone County _____

6. Total taxable Boone County Wages _____

Board of Education Tax

7. Adjusted Tax liability - 1/2 of 1% (Line 6 *.005) _____

8. Boone County Board of Education Tax withheld from W2 _____

9. Boone County Board of Education Tax - (Refund)/Payment _____

Boone County Ordinance Tax

10. Adjusted Tax liability - 8/10 of 1% (Line 6 *.008) not to exceed \$481.89 _____

11. Boone County Ordinance #07-27 withheld from W2 _____

12. Boone County Ordinance #07-27 - (Refund)/Payment _____

Boone County Mental Health Tax

13. Adjusted Tax liability- 15/100 of 1% (Line 6 *.0015)not to exceed \$25 _____

14. Boone County Mental Health Tax withheld from W2 _____

15. Boone County Mental Health Tax - (Refund)/Payment _____

16. Total (Refund)/Payment (transfer to Part III on page 1) _____