

GARY W. MOORE  
County Judge-Executive

JEFFREY S. EARLYWINE  
County Administrator



KIMBERLEY A. KRUGEL, CPA  
Occupational Tax Administrator

**FINANCE DEPARTMENT**

[www.BooneCountyKy.org](http://www.BooneCountyKy.org)

PO Box 960  
Burlington, KY 41005  
(859) 334-2144  
Fax (859) 334-3914

Re: Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Dear Sir or Madam:

Please fill out the below data for the above noted employee for tax year 2019. Total work time spent both in Boone County and in other locations should total 100%.

| Name of County/City/State | Percent of Time (Spent working in this jurisdiction) |
|---------------------------|--|
| _____                     | _____  |
| _____                     | _____  |
| _____                     | _____  |
| _____                     | _____  |
| _____                     | _____  |
| _____                     | _____  |

**Employee's Certification:**

I hereby certify that the information provided above is true and correct.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer's Certification:**

Employer's Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

SIGNATURE CERTIFICATIONS - The Employee and Employer must provide a signature for the allocation to be accepted. The person signing this form for the Employer must be in a position of authority (corporate officer, chief accountant, or head of payroll) and must certify that the information provided on this statement is true and correct. We must be able to contact this individual. This form is NOT a refund application. If you would like to apply for a refund please use the refund application that is found on our website.