

GARY W. MOORE
County Judge-Executive

JEFFREY S. EARLYWINE
County Administrator



BENJAMIN T. REECE, CPA
Treasurer

KIMBERLEY A. KRUGEL, CPA
Occupational Tax Administrator

FINANCE DEPARTMENT

www.BooneCountyKy.org

PO Box 960
Burlington, KY 41005
(859) 334-2144
Fax (859) 334-3914
occlicense@boonecountyky.org

Re: Name: _____
Social Security Number: _____
Address: _____

Dear Sir or Madam:

Please fill out the below data for the above noted employee for tax year 2021. 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.