



Boone County Fiscal Court

Application for Employee Refund of Occupational Taxes Withheld

For Internal Use Only

Account #: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**PART 1: APPLICANT INFORMATION**

Last Name	First Name	MI	Social Security Number
Address (number and street)			Year Refund Requested For
City	State	Zip Code	Employee's Job Description
E-mail Address		Phone Number	

**PART II: EXPLANATION FOR REFUND** Check appropriate explanation for overpayment below

1	Occupational taxes withheld from wages while working outside Boone County
2	Check here if refund is related to COVID-19 temporary work location
3	School Board taxes withheld from wages of employee who was a non-resident of the Boone County School District
4	Occupational Taxes withheld on compensation over the maximum limit (multiple employers)
5	Other (Must provide a detailed explanation)

**PART III- Non-Resident Statement** This section must be completed if claiming refund as non-resident of the Boone County School District

I hereby certify my residence is : Address (number and street)

City State Zip Code Since (date or date range)

**PART IV- Calculation of Refund**

1	Number of hours worked outside Boone County, KY during the year (FROM Part V)		
2	Total number of hours worked (including holiday, vacation and sick days - normal work year = 2080 hours)		
3	Percentage of time worked outside Boone County (Divide Line1/Line2)		
4	Total gross wages per W2 form (including deferred compensation)		
5	Total amount of wages earned outside Boone County (Line 3 * Line 4)		
6	Wages subject to Boone County Occupational Tax (Line 4 - Line 5)		
7	7A. Adjusted School Board Tax Line 6 * .005	7B. Adjusted County Tax Line 6 *.008 (verify annual cap amount)	7C. Adjusted Mental Health Tax Line 6*.0015 (not to exceed \$25.00)
	8A. School Board Tax Withheld on W2	8B. County Tax Withheld on W2	8C. Mental Health Tax withheld on W2
9	9A. School Board (Refund/Payment) Subtract Line 7A from line 8A	9B. County Tax (Refund/Payment) Subtract Line 7B from line 8B	9C. Mental Health (Refund/Payment) Subtract Line 7C from line 8C
	10 Total (Refund)/Payment (Add lines 9A + 9B+9C)		

**APPLICANT INFORMATION**

Last Name	First Name	MI	Social Security Number

**PART V - Calculation of hours worked** (Total time spent, both in Boone 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 Boone County any jurisdiction listed that you spent 25% or more time in 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

**PART VI- Employee's Certification**

I hereby certify that the information provided in this refund application is true and correct

Signature of employee	Date

**PART VII- Employer's Certification (not required for taxes withheld on compensation over the maximum limit from 2 or more employers)**

I hereby certify that the information provided in this refund application is true and correct

Employer's Authorized Signature	Title	Date

Subscribed and sworn to before me this		day of		,20	by
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Notary ID Number	Notary Public, State at large	MY Commission Expires

Notary Signature	Notary printed Name

Mailing Address - PO Box 960 Burlington, KY 41005-0960 Phone: 859-334-2144 E-mail:occllicense@boonecountyky.org

FORM 0806