

**BOYD COUNTY FISCAL COURT
CLAIM FOR REFUND OF OVERPAYMENT
OCCUPATIONAL LICENSE TAX WITHHELD**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY # _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TAX YEAR _____

- | | |
|---|----------|
| 1. Total employee compensation
(Total gross wages) | \$ _____ |
| 2. Compensation not subject to tax* | \$ _____ |
| 3. Compensation subject to tax
(Line 1 less line 2) | \$ _____ |
| 4. Occupational license tax withheld | \$ _____ |
| 5. Total occupational license tax due
(Multiply line 3 by .01) | \$ _____ |
| 6. Amount of overpayment to be refunded
(Line 4 less line 5) | \$ _____ |

*An explanation including specific dates and places worked outside Boyd County is required, along with a copy of Form W-2 for that tax year. Claims omitting this information will be returned and not processed.

Use this form to request a refund of overpayment of the occupational tax withheld for the Unincorporated Boyd County only.

CALL (606) 739-0164

MAIL TO: BOYD COUNTY OCC. TAX DEPARTMENT
PO BOX 423
CATLETTSBURG, KY 41129

I hereby certify that the statement made herein and in my supporting schedules are true, correct, and complete to the best of my knowledge.

EMPLOYEE SIGNATURE _____ **DATE** _____