

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

NAME _____

ADDRESS

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

CITY **STATE** **ZIP CODE**

CITY **STATE** **ZIP CODE**

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** _____