

INSTRUCTIONS

Line 1 - Hours worked inside City Limits

Enter the total hours worked within the city limits. This includes time spent preparing files etc. to be used outside the city. For example, if an employee came to their office within the city to pickup files and then went outside of the city for the rest of the day, or came into the office at the end of the day to drop off files, the time he/she spent in the city would be included here.

Line 2 - Total hours worked (See Schedule 1)

Total hours worked are hours actually worked and thus, does not include any Leave taken. Leave time (vacation, sick, personal, comp time) is normally earned based on the time worked. Thus, leave pay is taxable based on the percentage derived from hours worked inside the City Limits divided by total hours actually worked

Line 3 - City Taxable Percentage (Divide Line 1 by Line 2)

Line 4 - Gross Wages per W-2

Enter amount from Box 18 (Form W-2)

Line 5 - Taxable Percentage (From Line 3)

Line 6 - Taxable Earnings (Line 4 x Line 5)

Line 7 - Tax (Line 6 x 1.5% (.015))

Line 8 - Tax Withheld per W-2

Enter the amount from Box 19 (Form W-2)

Line 9 - Amount to be refunded (Line 8 Less Line 7)

| Schedule 1 - Computation of Total Hours Worked | | |
|--|--|--|
| a | Total Hours (as reported to employer on timesheets, etc) | |
| b. | Leave time taken (total or detail below) | |
| | | |
| | | |
| | | |
| | Total Hours Worked (a minus b) | |

AFFIDAVIT

I, _____, as _____ of the above referenced company, do hereby swear and affirm that I am a employer/supervisor of personnel employed at the company office in _____,

and am qualified to swear and affirm that according to our records and to the best of my knowledge, the information provided in this affidavit is correct and nd written form of documentation is available.

| | |
|----------------------------|--|
| Company | |
| | |
| Employee | |
| Position | |
| Social Security No. | |

| | |
|---------------------------------|--|
| Total Hours | |
| Hours Worked Inside City | |
| Taxable Percentage | |

Commonwealth of Kentucky, County of _____

Subscribed and sworn to before me by _____ this the

_____ day of _____,

My Commission expires _____,

Notary Public