

**CITY OF PRESTONSBURG
CLAIM FOR REFUND OF OCCUPATIONAL FEE WITHHELD
FOR THE YEAR _____
TAXPAYER INFORMATION**

NAME				
ADDRESS				
CITY		STATE		ZIP
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER		

Employer: _____

Title/Job Description: _____

Do you have evidence to support your claim for refund?	Yes		No	
Is your evidence written?	Yes		No	

If you evidence is not written, what type of documentation is it?

	Affidavit from employer/supervisor (see bottom of back page). (All affidavits must be notarized. An employer/supervisor must submit one affidavit per employee.) Only accepted if no other form of documentation is available.
	Describe: _____

1	Hours worked inside City Limits	
2	Total hours worked (See Schedule 1)	
3	City Taxable Percentage (Divide Line 1 by Line 2)	
4	Local Wages per W-2 (Attach W-2 Form)	
5	Taxable Percentage (From Line 3)	
6	Taxable Earnings (Line 4 x Line 5)	
7	Tax (Line 6 x 1.5%)(.015)	
8	Tax Withheld Per W-2	
9	Amount to be Refunded (Line 8 Less Line 7)	

I declare under penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is true and correct.	
Signature	Date

Official Use Only	
Approved by	Date

Mail Return to:
Occupational Tax Administrator
City of Prestonsburg
200 North Lake Drive
Prestonsburg, KY 41653

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