

**PENDLETON COUNTY, KENTUCKY  
OCCUPATIONAL TAX REFUND REQUEST  
TAX YEAR: \_\_\_\_\_**

Form may cover one calendar year and one employer only. Form W-2 must be attached. Unless written application for refund or credit is received by the county from the employer within two (2) years from the date the overpayment was made, no refund or credit shall be allowed.

Employee Name	Social Security Number
Address	
City / State / Zip	
Telephone	

**SECTION A**

1. Salaries, wages, commissions and other compensation  
(Total of all gross wages with no exemptions.) \$ \_\_\_\_\_
  
2. Total number of days/hours worked during the tax year.  
(Complete Section B) \_\_\_\_\_
  
3. No. of days/hours from Line 2 worked outside Pendleton Co. \_\_\_\_\_
  
4. No. of days/hours from Line 2 worked inside Pendleton Co.  
(Line 2 minus Line 3) \_\_\_\_\_
  
5. Taxable earnings as percentage  
(Line 4 divided by Line 2) \_\_\_\_\_ %
  
6. Earnings subject to License Fee  
(Line 5 Multiplied by Line 1) \$ \_\_\_\_\_
  
7. License Fee Due  
(Line 6 @ .005 for wages through 3-31-09) AND/OR... \$ \_\_\_\_\_  
(Line 6 @ .015 for wages beginning 4-01-09) \$ \_\_\_\_\_  
(Line 6 @ .005 for wages beginning 1-01-11) \$ \_\_\_\_\_  
Subtotal License Fee Due \$ \_\_\_\_\_
  
8. Local Tax withheld per W-2 \$ \_\_\_\_\_
  
9. **Refund due**  
(Line 8 minus Line 7) \$ \_\_\_\_\_



**EMPLOYERS CERTIFICATION OF ITINERARY**

Employer Name	Federal ID Number
Address	
City / State / Zip	
Telephone	
Signature of Manager / Supervisor	Date
Printed Name of Manager / Supervisor	Title

Sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public \_\_\_\_\_ County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Complete all sections, with signatures and mail to:

Pendleton County Tax Administrator  
233 Main Street, Room 4  
Falmouth, KY 41040

Form # 009604-4 - 2019