

CLARK COUNTY OCCUPATIONAL LICENSE FEE EMPLOYEE REFUND REQUEST

Year Ending	EMPLOYEE NAME	EMPLOYED BY
	ADDRESS	
	CITY, STATE, ZIP CODE	<input type="checkbox"/> Check here if employed by Federal or State Government

SECTION A

1) Attach copy of W-2	1. Gross Wages, Commissions & Other Employee Earnings.....	1
	2. Total Number of Days Worked During Year.....	2
2) Refund Request	3. Number Of Days From Line 2 Worked Inside County.....	3
Must be signed by	4. Days Worked Inside County as a Percentage (Line 3 Divided by Line 2)	4
Employer or Immediate	5. Earnings Subject to License Fee (Line 4 X Line 1).....	5
Supervisor.	6. Multiply Line 5 by 1.5%.....	6
	7. Total License Fee Withheld As Shown On Attached W-2.....	7
	8. Enter Refund Due. Subtract Line 6 from Line 7.....	8

SECTION B

MAIL TO: CLARK COUNTY TREASURER 34. SOUTH MAIN ST. WINCHESTER, KY 40391 PHONE: (859)745-0202 clarkcountydof@ yahoo.com	9. Identify Other Kentucky Cities and Counties Where Employee Worked During The Year. (Attach separate sheet if necessary)	
	KENTUCKY CITIES	KENTUCKY COUNTIES
	A.	
	B.	
	C.	
	D.	
	E.	
F.		
	10. If Employee Did Not Work in Other Cities or Counties In Kentucky Give a Brief Explanation of Where the Work Outside Clark County Was Performed.	

processing will begin after March 15th

I here certify that the statements made herein and in any supporting schedule are true, correct and complete to the best of my knowledge.

**RETURN MUST
BE SIGNED**

X _____
Signature of Employer Date

X _____
Signature of Employee Date