

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

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TAX YEAR \_\_\_\_\_

- |   |          |
|---|----------|
| 1. Total employee compensation<br>(Total gross wages)             | \$ _____ |
| 2. Compensation not subject to tax*                               | \$ _____ |
| 3. Compensation subject to tax<br>(Line 1 less line 2)            | \$ _____ |
| 4. Occupational license tax withheld                              | \$ _____ |
| 5. Total occupational license tax due<br>(Multiply line 3 by .01) | \$ _____ |
| 6. Amount of overpayment to be refunded<br>(Line 4 less line 5)   | \$ _____ |

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\*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  
P O BOX 423  
CATLETTSBURG, KY. 41129

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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** \_\_\_\_\_