

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

Name _____

Street _____

City _____ State _____ Zip code _____

Social Security Number _____

Employer's name _____

Employer's address: Street _____

City _____ State _____ Zip code _____

TAX YEAR _____

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

***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 or
(606)739-4134 with
inquiries

**MAIL TO: Boyd County Occ. Tax
Attn: Payroll Tax
P.O. Box 423
Catlettsburg, KY 41129**

I hereby certify that the statement made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

EMPLOYEE SIGNATURE _____ **DATE** _____