



City of Jeffersontown

Department of Revenue
10416 Watterson Trail
Jeffersontown, KY 40299
Phone: (502) 267-8333 Fax: (502) 267-0547
jeffersontownky.gov

Application for Employee Refund of Occupational Tax (Form B – Annual Claim)

SECTION 1 – EMPLOYEE / APPLICANT INFORMATION

1. Applications Date: _____
2. Refund Tax Year: _____
3. Employee / Applicant Name: _____
4. Street Address (P.O. Boxes Not Accepted): _____
5. City, State, Zip: _____
6. Phone : _____

SECTION 2 – EMPLOYER INFORMATION

7. Employer Name: _____
8. Employer Address: _____
9. City, State, Zip: _____
10. Phone: _____
11. Employer Federal Tax ID: _____

SECTION 3 – REFUND WORKSHEET

12. Total Gross Wage (Box 18 on Form W2 Wage and Tax Statement):.....
(Include deferred compensation)
13. Total number of hours worked in _____ :.....
Year
14. Total numbers of hours worked INSIDE Jeffersontown:.....
(If -0-, a statement is required from the employer.)
15. A. Paid vacation time off:.....
- B. Paid sick time off:.....
- C. Paid holiday time off:.....
(If Line 15 A, B, or C are -0-, a statement is required from the employer.)
- D. All other paid time off:.....
16. Adjust number of hours worked INSIDE Jeffersontown:.....
(Add line 14 to line 15 A, B, C and D for adjusted hours)
17. Percent (%) of time worked INSIDE Jeffersontown:.....
(Divide line 16 by line 13)
18. Jeffersontown taxable wages:.....
(Multiply line 12 by line 17)
19. Jeffersontown local tax due:.....
(Multiply line 18 by 0.01)
20. Amount of tax withheld on W2 wage statement:.....
*(Refund Applications **must** include a copy of the W2 wage statement)*
21. Amount of refund Request:.....
(Subtract line 19 from line 20)

SECTION 4 – EMPLOYEE / APPLICANT SWORN STATEMENT

I hereby swear to and certify that all information provided on this Application for Refund for Occupational Tax (Form B – Annual Claim) is complete, and that the percentage of time worked in the City of Jeffersontown (Line 15) is true and accurate to the best of my knowledge. I have attached written proof of this claim in form of the following:

- a. Mileage logs or schedule of total hours worked inside and outside of the City of Jeffersontown, Kentucky.
- b. Written employer statement of explanation regarding Employee time worked inside and outside the City of Jeffersontown, Kentucky. (Any additional information and/or written explanation relating to employee refund request of occupational tax must be signed and notarized by an authorized officer or employer.

EMPLOYEE / APPLICANT SIGNATURE

Subscribed and sworn to before me by _____

On this _____ day of _____ in the year of _____.

NOTARY PUBLIC

COMMISSION EXPIRES

SECTION 5 – EMPLOYER SWORN STATEMENT AND EXPLANATION FOR REFUND

Authorized Officer ** for _____

I hereby certify that _____, employee of

_____ worked _____% of his/her total hours worked in the year

Of _____ inside the City of Jeffersontown, Kentucky. This certification is based upon the following:

- a. Mileage logs or schedule of total hours worked inside and outside of the City of Jeffersontown, Kentucky.
- b. Written employer statement of explanation regarding Employee time worked inside and outside the City of Jeffersontown, Kentucky. (Any additional information and/or written explanation relating to employee refund request of occupational tax must be signed and notarized by an authorized officer or employer

AUTHORIZED OFFICER ** SIGNATURE

Subscribed and sworn to before me by _____

On this _____ day of _____ in the year of _____.

NOTARY PUBLIC

COMMISSION EXPIRES

FILING INSTRUCTION FOR CITY OF JEFFERSONTOWN

APPLICATION FOR EMPLOYEE REFUND OF OCCUPATIONAL TAX (FORM B – ANNUAL CLAIM)

SECTION 1 – EMPLOYEE / APPLICANT INFORMATION

Line 1 – Enter date application was completed.

Line 2 – Enter the tax year of refund request.

Lines 3 thru 6 – Enter employee / applicant’s mailing address (no P.O. Box will be accepted) of where refund check is to be mailed and contact phone number.

SECTION 2 – EMPLOYER INFORMATION

Lines 7 thru 9 – Enter named and address of Employer that withheld the Jeffersontown local tax.

Line 10 – Enter Employer’s Federal Tax Identification Number (FEIN / EIN) shown on W2 wage statement.

Line 11 – Enter Employer’s contact phone number.

SECTION 3 – REFUND WORKSHEET

Line 12 – Enter the gross wage earned as shown in box 18 of W2 wage statement; include any deferred compensation.

Line 13 – Enter the total number of hours worked during the tax year.

Line 14 – Enter the number of hours worked **INSIDE** of Jeffersontown. If -0-, a statement is required from the employer.

Line 15 – Enter the number of ‘Time off hours’; include vacation, sick, holiday, LOA and any other time off. If 15 A, B, or C are -0-, a statement is required from the employer.

Line 16 – Add (+) line 14 and line 15 to calculate the percentage of time worked in Jeffersontown.

Line 17 – Divided (/) line 16 by line 13 to calculate the percentage of time worked in Jeffersontown.

Line 18 – Multiply (x) line 12 by line 17 to calculate Jeffersontown taxable wage.

Line 19 – Multiply (x) line 18 by 1% (ie. 0.01) to calculate the Jeffersontown local tax due.

Line 20 – Enter amount of Jeffersontown local tax withheld on line 20 of W2 wage statement. The local tax may also be listed in box 14. **The W2 statement submitted with the application must show Jeffersontown local tax.**

Line 21 – Subtract (-) line 19 from line 20 to calculate the amount of refund.

SECTION 4 – EMPLOYEE / APPLICANT SWORN STATEMENT

Employee / Applicant must provide notarized signature to sworn statement attesting to the accuracy and truthfulness of the information provided on the refund application.

Attach any statements for work outside the City of Jeffersontown, such as mileage logs, daily logs or calendar schedules. The Jeffersontown Revenue Department may at its discretion audit refund applications. Employee and Employer will be notified in writing if an audit is initiated. Such notification shall be mailed to the addresses provided on the refund application.

SECTION 5 – EMPLOYER SWORN STATEMENT AND EXPLANATION FOR REFUND

An Authorized Officer** for the Employer =must provide notarized signature to statement certifying the percentage (%) of hours worked in Jeffersontown by the Employee / Applicant.

**An Authorized Officer as defined herein, means the sole proprietor or a proprietorship; the president, vice president, secretary or treasure of a corporation; or the managing partner of any partnership. Only current officers registered with the Kentucky Secretary of State as a sole proprietorship or single member LLC may sign refund requests on their own behalf.

FAQs

1. Can I apply for a Jeffersontown Occupational Tax refund? **ANSWER:** Any employee who had Jeffersontown local tax levied on wages earned for work performed outside of Jeffersontown can request a refund.
2. How many years back can I apply for a tax refund? **ANSWER:** Employees have up to two (2) years from the date of payment was remitted in which to apply for a refund. The final tax payment for each year is due on January 31st, therefore the two year term expires every January 31st. (ie. January 31, 2020 is the last day to apply for a 2017 tax refund. January 31, 2021 last day to apply for a 2018 tax refund, etc.)
3. How long will it take to receive my refund check? **ANSWER:** Most refund checks are mailed within 6 weeks the date of the application is received.
4. It has been 6 weeks and I haven’t received my refund check, why? **ANSWER:** A. We receive a large volume of applications from January through March which can sometimes delay processing. B. The application may have been missing information, a signature or supporting documentation, such as a W2 wage statement. C. The postal service may have returned refund check due to an inaccurate mailing address. P.O. Box numbers are not accepted.
5. Why is my refund check less than the amount I requested? **ANSWER:** The gross taxable wage, percentage of time worked in Jeffersontown and /or the amount of local tax withheld on W2 was report inaccurately on application.

JEFFERSONTOWN REVENUE DEPARTMENT

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