



# City of Jeffersontown

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

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

### SECTION 1 – EMPLOYEE / APPLICANT INFORMATION

### SECTION 2 – EMPLOYER INFORMATION

Refund Tax Year: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Address (P.O. Boxes Not Accepted): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Employer Federal Tax ID: \_\_\_\_\_

### SECTION 3 – REFUND REQUESTS

Taxes withheld on compensation earned outside Jeffersontown due to normal business activity

Taxes withheld on compensation earned due to COVID

If both: Hours worked outside Jeffersontown due to COVID \_\_\_\_\_

### SECTION 4 – REFUND WORKSHEET

1. Total Gross Wage: Box 18 on Form W2 Wage and Tax Statement..... \_\_\_\_\_  
*(Include deferred compensation)*
2. Total number of hours worked in \_\_\_\_\_ (Year)..... \_\_\_\_\_
3. Total number of hours worked INSIDE Jeffersontown..... \_\_\_\_\_  
*(If -0-, a statement is required from the employer.)*
4. A. Paid vacation time off..... \_\_\_\_\_  
B. Paid sick time off..... \_\_\_\_\_  
C. Paid holiday time off..... \_\_\_\_\_  
*(If Line A, B or C are -0-, a statement is required from the employer)*  
D. All other paid time off..... \_\_\_\_\_
5. Adjust number of hours worked INSIDE Jeffersontown..... \_\_\_\_\_  
*(Add line 3 to line 4 A, B, C, and D for adjusted hours)*
6. Percent (%) of time worked INSIDE Jeffersontown..... \_\_\_\_\_  
*(Divide line 5 by 2)*
7. Jeffersontown taxable wages..... \_\_\_\_\_  
*(Multiply line 1 by 6)*
8. Jeffersontown local tax due..... \_\_\_\_\_  
*(Multiply line 7 by 0.01)*
9. Amount of tax withheld on W2 wage statement..... \_\_\_\_\_  
*(Refund Applications **must** include a copy of the W2 wage statement.)*
10. Amount of Refund Request..... \_\_\_\_\_  
*(Subtract line 8 from line 9)*

Wages and License Tax verified by Employer \_\_\_\_\_  
Signature Date

NOTICE: If an employer did not remit the taxes and/or quarterly employee withholding tax return for the period(s) of the refund, the City of Jeffersontown Revenue Department will notify you that no refund will be issued due to your employer's failure to remit payment of taxes and/or failure to file quarterly employee withholding.

**SECTION 5 – 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 6) 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 NUMBER

\_\_\_\_\_  
COMMISSION EXP

**SECTION 6 – 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 NUMBER

\_\_\_\_\_  
COMMISSION EXP

**SECTION 7 – 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.	

If Employee did not work in other Cities or Counties in Kentucky give a brief explanation of where the work outside Jeffersontown was performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PROCESSING WILL BEGIN AFTER MARCH 15<sup>TH</sup>**

**FILING INSTRUCTION FOR CITY OF JEFFERSONTOWN  
APPLICATION FOR EMPLOYEE REFUND OF OCCUPATIONAL TAX (FORM B – ANNUAL CLAIM)**

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**SECTION 1 – EMPLOYEE / APPLICANT INFORMATION**

Enter employee information and employee / applicant’s mailing address (no P.O. Box will be accepted) of where refund check is to be mailed and a daytime phone number.

**SECTION 2 – EMPLOYER INFORMATION**

Enter name and address of Employer that withheld the Jeffersontown local tax, employer’s Federal Tax Identification Number (FEIN / EIN) shown on W2 wage statement and employer’s contact phone number.

**SECTION 3 – REFUND REQUESTS**

Indicate the reason for the refund request. If the request is due to or in part from COVID, indicate the number of COVID hours included in your request.

**SECTION 4 – REFUND WORKSHEET**

Line 1 – Enter the gross wage earned as shown in box 18 of W2 wage statement; include any deferred compensation.

Line 2 – Enter the total number of hours worked during the tax year.

Line 3 – Enter the number of hours worked INSIDE of Jeffersontown. If -0-, a statement is required from the employer.

Line 4 – Enter the number of ‘Time off hours’; include vacation, sick, holiday, LOA and any other time off. If A, B, or C are -0-, a statement is required from the employer.

Line 5 – Add (+) line 3 and line 4 A, B, C and D to calculate total hours worked in Jeffersontown.

Line 6 – Divided (÷) line 5 by line 2 to calculate the percentage of time worked in Jeffersontown.

Line 7 – Multiply (x) line 1 by line 6 to calculate Jeffersontown taxable wage.

Line 8 – Multiply (x) line 7 by 1% (ie. 0.01) to calculate the Jeffersontown local tax due.

Line 9 – 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 10 – Subtract (-) line 8 from line 9 to calculate the amount of refund.

**SECTION 5 – 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 6 – EMPLOYER SWORN STATEMENT AND EXPLANATION FOR REFUND**

Refund requests signed by management, supervisors or persons not listed as Authorized Officers with the Kentucky Secretary of State must submit documentation confirming the signee’s authority.

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.

**SECTION 7 - DENTIFY OTHER KENTUCKY CITIES AND COUNTIES WHERE EMPLOYEE WORKED DURING THE YEAR**

List all Kentucky Cities and Counties the employee worked during the year resulting in the employee request for refund. Provide a brief explanation of where work was performed outside of Jeffersontown if the employee did not work in other Kentucky Cities or Counties.

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**JEFFERSONTOWN REVENUE DEPARTMENT**

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