



ROWAN COUNTY FISCAL COURT
APPLICATION FOR OCCUPATIONAL TAX REFUND

Rowan County Finance Director
P.O. Box 607
Morehead, KY 40351
(606)784-6218
rowanocctax@gmail.com

https://www.rcky.us

PART I: GENERAL INFORMATION

- 1. Employee Name: Last First MI
2. Social Security Number (Last 4):
3. Phone Number(s): Work Cell Home
4. Current Address: City State Zip
5. Employer Name:
6. Employer Address: City State Zip
7. Payroll Contact: Phone Number

NOTE: This should be a "one-time" only refund. Work with your payroll department to resolve incorrect withholdings from your paycheck. Payroll withholding tax that comprises of days worked within Rowan County should be reported on Form FIN06 (Annual Individual License Fee Return). You would only pay the County at the end of the year for days worked within Rowan County.

PART II: EXPLANATION(s)

State in narrative form all facts and circumstances surrounding the request for a refund of Rowan County Fiscal Court Occupational License fees inappropriately withheld from your wages or paid by you (attach supporting documentation).

Large empty rectangular box for providing a narrative explanation.

PART III: REFUND REQUEST

| Year Ending | Due Date |
|-------------|----------|
| | |

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|----|--|--|
| 1. | Gross Wages, commissions & other employee earning (attach W-2): | |
| 2. | Total number of days employed during the year: | |
| 3. | Number of days from Line 2 employed inside the County: | |
| 4. | Days employed inside County as a percentage (line 3 divided by line 2): | |
| 5. | Earning subject to occupational license fee (Line 1 multiplied by line 4): | |
| 6. | Occupational tax due (1.5% of line 5): | |
| 7. | Total County occupational license fee withheld: | |
| 8. | Enter refund due (line 8 less line 7): | |

NOTE: If your claim for overpayment is due to occupational license fees withheld on wages earned by your for work performed outside Rowan County, please complete Schedule A and have your employer verify the information supplied thereon.

PART IV: VERIFICATION

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

I, _____, do hereby certify that the information contained in the above application for refund of overpayment of Rowan County Fiscal Court Occupational License Fee and in all schedules and documentation submitted herewith is true and correct to the best of my knowledge.

Signature of Applicant

State of Kentucky
County of _____

Subscribed and sworn to before me by _____ this the _____ day of _____, 20 _____.

Signature _____
Notary Public (SEAL)

Commission Expires: _____



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 SCHEDULE A

Provide documentation in the space below all work performed outside Rowan County. Schedule A is required for refund of Rowan County Fiscal Court Occupational License Fees Withheld on compensation earned for work performed outside of Rowan County. Please provide proof of payment to all Municipalities/Counties of work performed outside of Rowan County. If the Municipalities/Counties does not charge occupational tax, please attach proof even if no Occupational Tax is charged by the Municipalities/Counties. (NOTE: Municipalities/Counties will be notified for hours worked in their area if refunded by Rowan County Fiscal Court.) Use separate sheet if necessary.

| MONTH | DAY | LOCATION | HOURS/ DAYS |
|----------|-----|----------|----------------|
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| TOTAL(s) | | | |

I, _____, state that my position is: _____ at _____ (Company) and _____ (Applicant) is an employee of said company and that I have reviewed the above information supplied by the employee and this it is true and correct to the best of my knowledge.do hereby certify that the information contained in the above application for refund of overpayment of Rowan County Fiscal Court Occupational License Fee and in all schedules and documentation submitted herewith is true and correct to the best of my knowledge.

Supervisor/Manager of Employee

State of Kentucky
County of _____

Subscribed and sworn to before me by _____ this the _____

Signature _____
Notary Public (SEAL)

Commission Expires: _____