

CITY OF JEFFERSONTOWN, KY
FORM "A" (Quarterly)

Application for Employee payment of less than 100% of Occupational Taxes

Phone: (502) 267-8333 Fax: (502) 267-0547 www.jeffersontownky.com

SECTION I - EMPLOYEE – EMPLOYER INFORMATION

APPLICATION DATE: _____ REQUEST FOR QUARTER OF: _____

EMPLOYEE NAME: _____

MAILING ADDRESS: _____

POSITION: _____

EMPLOYER NAME: _____

STREET ADDRESS: _____

EMPLOYER FED. ID. # _____ PHONE: _____

DESCRIPTION OF BUSINESS: _____

SECTION II – WORKSHEET

Line 1 _____ Total Gross Wages (including deferred compensation)

Line 2 _____ Total number of Hours worked for applicable period

Line 3a _____ Total number of Hours worked INSIDE City of Jeffersontown

Line 3b _____ Total number of "Time Off" hours
(Add all Vacation, Sick, Holiday, LOA & other Time Off hours)

Line 3 _____ Adjusted number of hours worked INSIDE City of Jeffersontown
(Add Line 3a to Line 3b for adjusted hours)

Line 4 _____ % of time worked INSIDE Jeffersontown (divide Line 3 by Line 2)

Line 5 _____ Local Taxable Wages (Line 1 x Line 4)

Line 6 _____ Occupational tax due (Line 5 x tax rate of 1.0%)

Line 7 _____ Amount of tax withheld

Line 8 _____ Difference (subtract Line 6 from Line 7)

SECTION III – EXPLANATION & EMPLOYEE STATEMENT

I hereby certify that the above information on page one (1) is complete and accurate to the best of my ability. I further state that the percentage of time worked (Line 4) In the City of Jeffersontown is accurate. Upon request, I will provide written proof of such claim in the form of the following:

- Mileage logs or schedule of total hours worked inside and outside the City of Jeffersontown
- Written Employer statement of explanation concerning Employee time worked inside and outside the City of Jeffersontown. (Any additional information and/or written explanation relating to employee request for refund of occupational taxes must be signed by authorized officer¹ of employer and notarized.

EMPLOYEE SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME BY _____ ON THIS

_____ DAY OF _____ IN THE YEAR: _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES
(SEAL)

¹ Officer as defined herein, means the sole proprietor of a proprietorship; the president, vice president, secretary or treasurer of a corporation; or, the managing partner of any partnership.

SECTION IV – EXPLANATION & EMPLOYER STATEMENT

(NAME & TITLE - AUTHORIZED OFFICER OF EMPLOYER)

(EMPLOYER NAME)

(EMPLOYEE NAME)

I hereby certify that the above listed employee worked _____ % of his/her total hours worked in the quarter of _____ inside the City of Jeffersontown. This certification is based upon the following:

- Mileage logs or schedule of total hours worked inside and outside the City of Jeffersontown
- Written Employer statement of explanation concerning Employee time worked inside and outside the City of Jeffersontown. (Any additional information and/or written explanation relating to employee request for refund of occupational taxes must be signed by authorized officer² of employer and notarized.

AUTHORIZED OFFICER OF EMPLOYER SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME BY _____ ON THIS

_____ DAY OF _____ IN THE YEAR: _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES
(SEAL)

SECTION V – GENERAL INFORMATION

STATEMENTS FOR WORK OUTSIDE THE CITY OF JEFFERSONTOWN: Statements for work outside the City of Jeffersontown should be taken from mileage logs, daily logs or calendar schedules. The City of Jeffersontown reserves the right to audit applications in the case of discrepancies. Employee and Employer will be notified in writing when an audit is required. Such notification shall be mailed to addresses provided on the application.

² Officer as defined herein, means the sole proprietor of a proprietorship; the president, vice president, secretary or treasurer of a corporation; or, the managing partner of any partnership.