



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 A – Quarterly Claim)

SECTION 1 – EMPLOYEE / APPLICANT INFORMATION

1. Applications Date: _____ 2. Refund for _____ of _____
Quarter *Year*
3. Employee / Applicant Name: _____ SS# _____
4. Job Title _____
5. Street Address (P.O. Boxes Not Accepted): _____
6. 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:.....
(Include deferred compensation)
13. Total number of hours worked in _____ of _____ :.....
Quarter *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:.....
21. Amount of reduction in tax remittance.....

SECTION 4 – EMPLOYEE / APPLICANT SWORN STATEMENT

I hereby swear to and certify that all information provided on this Application for Employee Payment of less than 100% of Occupational Tax - (FORM A – Quarterly Claim) is complete, and that the percentage of time worked in the City of Jeffersontown (Line 17) 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 work inside and outside of the City of Jeffersontown, KY.
- b. Written employer statement of explanation regarding Employee time worked inside and outside the City of Jeffersontown, KY. (Any additional information and/or written explanation relating to this FORM A – Quarterly Claim must be signed and notarized by an authorized officer of 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 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

_____ of _____ inside the City of Jeffersontown, Kentucky. This certification is based upon the
(Quarter) (Year)

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, KY. (Any additional information and/or written explanation relating to this Application for Employee Payment of less than 100% of Occupational Tax - (FORM A – Quarterly Claim) must be signed and notarized by an authorized officer of employer.)

AUTHORIZED OFFICER ** SIGNATURE Phone Email

Subscribed and sworn to before me by _____

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

NOTARY PUBLIC

COMMISSION NUMBER COMMISSION EXP.

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

SECTION 1 – EMPLOYEE / APPLICANT INFORMATION

Line 1 – Enter date application was completed.
Line 2 – Enter the specific quarter of the tax year of claim.
Lines 3 thru 6 – Enter employee / applicant’s mailing address (no P.O. Box will be accepted).

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).
Line 11 – Enter Employer’s contact phone number.

SECTION 3 – REFUND WORKSHEET

Line 12 – Enter the gross wage earned; include any deferred compensation.
Line 13 – Enter the total number of hours worked during a specific quarter of 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 tie 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.
Line 21 – Subtract (-) line 19 form line 20 to calculate the reduction in the amount of tax remittance.

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 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 requests on their own behalf.

FAQs

1. Who can use the Application for Employee Payment less than 100% of Occupational Tax, Form A – Quarterly Claim?

ANSWER: The Form A is available to any Employer physically located in Jeffersontown, KY who has employees that work part of their time outside the Jeffersontown city limits. The Form A calculates an employee’s percentage of time worked in Jeffersontown, the amount of taxable wage and total tax due for the applicable tax period.

Alternatively, employees can file for refund at the end of the tax year by filing an Application for Refund of Employee Occupational Tax, Form B – Annual Claim.

JEFFERSONTOWN REVENUE DEPARTMENT
10416 Watterson Trail, Jeffersontown, Kentucky 40299-3749 · (502) 267-8333 · Fax (502) 267-0547
Jeffersontownky.gov