

REFUND CLAIM

OCCUPATIONAL LICENSE FEE DIVISION, BOYLE COUNTY, KY

STATE OF KENTUCKY

SCT

COUNTY OF BOYLE

The affiant, \_\_\_\_\_ states that he/she is an employee of \_\_\_\_\_ and that during the year \_\_\_\_\_ said employer withheld from the wages of said employee and paid to BOYLE COUNTY the sum of \$\_\_\_\_\_ representing the OCCUPATIONAL LICENSE FEE of the employee based on his/her working 100% of his/her time within the County, and there was overpaid to Boyle County the sum of \$\_\_\_\_\_.

Employment is in \_\_\_\_\_ County.

IN WITNESS WHEREOF, affiant has here unto subscribed his/her name this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

I certify that the statements contained in this foregoing affidavit are true.

NAME OF COMPANY: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_