



Marshall County Occupational License Tax For Schools Claim for Refund of Overpayment

Return Form to: MCBOE, Tax Office, 86 High School Road, Benton, KY 42025
www.marshall.kyschools.us "Occupational License Tax" Link

(270) 527-6759 phone

(270) 527-0804 fax

Name _____ Address _____

City _____ State _____ Zip _____ County _____

Social Security Number _____ Phone Number _____

Employed By _____ Employer's Federal ID # _____

Period In Which Applying For Refund From _____ To _____

Reason Applying For Refund _____

COMPLETE SECTION I IF APPLYING FOR A TOTAL REFUND AS A NON-RESIDENT

SECTION I. (W-2 AND PROOF OF RESIDENCY, i.e. property tax bill, electric bill, etc., ARE REQUIRED FOR ALL REFUNDS)

Tax Year _____ Gross Wages \$ _____ Refund Amount \$ _____

Tax Year _____ Gross Wages \$ _____ Refund Amount \$ _____

TOTAL REFUND \$ _____

COMPLETE SECTION II IF APPLYING FOR A PARTIAL REFUND

SECTION II. (W-2 AND EVIDENCE OF NON-TAXABLE INCOME ARE REQUIRED)

1. Total Gross Wages per W-2 Form _____

2. Marshall County Occupational License Tax for Schools Withheld. _____

3. Total Number of Days Worked During the Year _____

4. Total Number of Days Worked Outside Marshall County, Kentucky. _____

5. Percentage Worked Outside Marshall County, Kentucky (line 4 divided by line 3). _____

6. Wages Not Subject to Marshall County Occupational Tax for Schools (line 1 x line 5). _____

7. Amount of overpayment to be refunded (Subtract Line 5 from Line 4) _____

I hereby certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE

Print Name