



# 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](http://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