

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: _____