

CITY OF HENDERSON
PO BOX 671
HENDERSON, KY 42419-0671
Phone: (270) 831-1290, ext. 229 or (270) 831-1200

EMPLOYEE REQUEST FOR REFUND OF PAYROLL TAX OR ADDITIONAL PAYMENT DUE

NAME _____ YEAR ENDING _____
ADDRESS _____ SS# _____
CITY _____ BUSINESS PHONE _____
STATE & ZIP CODE _____ HOME PHONE _____

COMPUTATION OF HENDERSON INCOME

- 1. Total number of hours worked during year _____
- 2. Total hours worked outside of Henderson _____
- 3. Total hours worked within Henderson (Line 1 minus Line 2) _____
- 4. Percent worked in Henderson (Line 3 divided by Line 1) _____
- 5. Gross wages, commissions and other employee earnings _____
- 6. Henderson taxable earnings (Line 5 multiplied by Line 4) _____
- 7. Tax due (Line 6 multiplied by 1%) _____
- 8. Total payroll tax withheld as shown on attached W-2 _____
- 9. Difference (Line 7 minus Line 8) = Balance Due/(Refund) _____

Signature

Date

This will certify to the best of my knowledge that the above employee worked the number of hours outside the City of Henderson as indicated on line 2.

Authorized Signature _____

Title _____

Company _____

A copy of your W-2 Form must be attached to the above request.
Mail FORM EPR to above address.