

FORM EPR

CITY OF HENDERSON

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PO BOX 671

HENDERSON KY 42419-0671

Phone: (270) 831-1290 Ext 2229 or (270) 831-1200

EMPLOYEE REQUEST FOR REFUND OF PAYROLL TAX OR ADDITIONAL PAYMENT DUE

Pursuant to City of Henderson Ordinance No. 17-05, refunds must be requested within two years from the date the overpayment was made.

NAME _____ YEAR ENDING _____

ADDRESS _____ SS# _____

CITY _____ BUSINESS PHONE _____

STATE & ZIP CODE _____ HOME PHONE _____

COMPUTATION OF CITY OF HENDERSON INCOME

1. Total number of hours worked during year _____

2. Total hours worked outside City of Henderson _____

3. Total hours worked within City of Henderson (Line 1 minus Line 2) _____

4. Percent worked in City of Henderson (Line 3 divided by Line 1) _____

5. Total gross wages, commissions and other employee earnings _____

6. City of Henderson taxable earnings (Line 5 multiplied by Line 4) _____

7. Tax due (Line 6 multiplied by 1.49%) _____

8. Total City of Henderson 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 the employee's W-2 Form must be attached to the above request. Mail completed Form EPR to address above.