



John Black
Mayor

CITY OF LA GRANGE

307 W. Jefferson St.
La Grange, KY 40031
Phone: (502) 222-1433
Fax: (502) 222-5875
www.lagrangeky.net



Stephanie Wenther
Code Enforcement

EMPLOYEE REFUND/CREDIT REQUEST

Due within two years from the filing of the return for which the refund is sought

Employee name: _____

Business name: _____ Year ended: _____

Address: _____

City/State/Zip: _____ Employee SS #: _____

Account #: _____ Phone #: _____

Employees whose compensation is attributable to activities performed outside the city, and from whom compensation tax was withheld in excess of the amount legally due, are eligible for a refund. Employees who did not perform work outside the city or from whom pay was withheld in proper proportion (with regards to the percentage of work performed outside the city) are not eligible for a refund.

CREDIT OR REFUND Year _____

1) Total yearly compensation received..... \$ _____

2) Percentage of time/work done within City of La Grange for the subject quarter. _____%

3) Income subject to tax (line 1 times line 2)..... \$ _____

4) Total amount due per quarter (line 3 times .01).....\$ _____

5) Amount withheld from wages..... \$ _____

6) Refund/Credit Amount Due (line 5 minus line 4).....\$ _____

Enclose with this form an attachment explaining the cause of the overpayment and sufficient documentation, including a schedule and W-2s. The City of La Grange may need to contact your employer or conduct additional investigation to complete your return.

I DECLARE, UNDER THE PENALTIES OF PERJURY THAT THIS FORM HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE SUBMISSION. I AM DULY AUTHORIZED TO SIGN THIS REQUEST.

Signed: _____ Official Title: _____

Print name: _____ Date: _____