

Louisville Metro Revenue Commission

Application for Employee Refund of Occupational Taxes Withheld

Do Not Duplex Form

^E W-1 REE

▼ PART I: EMPLOYER	INFO	ORMATION	V								
Employer's Business na	Emplo	Employer's Federal ID Number									
	Emplo							oyer's Account ID			
▼ PART II: APPLICAN	TINF	ORMATION	<u> </u>		T						
Last name			First name		MI Social Se			ecurity Number			
Address (number and street)				Linit/An	t no	Vear Refu		nd Requested For			
				Unit/Apt. no. Year		neiu	na Requested For				
City, town, or post office			State	Zip code	Zip code Emplo		lovee	/ee's Job Description			
				······							
Email			Phone no.	Ext.							
PART III	1.	Number of hours wor	nber of hours worked outside Louisville Metro, KY during the year								
Work performed	2.	Total number of hours worked (excluding holiday, vacation, & sick days)									
outside of		Normal Work Year =									
Louisville Metro,	3.	-	orked outside Louisville		-						
KY.		Must be at least 5% to claim refund – (See instructions) If less than 5% do not complete this form.									
If all work was	4.	•	Pov 5 or Pov 19 which	over is greater or		/including					
performed in Louisville Metro, KY, skip to part IV	4.	Total gross wages per Box 5 or Box 18, whichever is greater on Form W-2 (including deferred compensation) .00									
	5.										
Note: If there are stock	6.										
options included in your	7.										
wages on form W-2, do not complete	0	(1.45% for non-residents, 2.2% for residents, or .75% for resident ministers) .00									
part III below. Instead,	8.	Amount of tax withheld per Form W-2 for prior year or year to date payroll check stub for current year (Copy of applicable document must be submitted with this									
complete the section titled "Stock option		application or delay will occur)									
worksheet" on Page 2	9.	(
PART IV	V	• • • • • • • • • • • • • • • • • • • •	arters involved in Over	• •							
Explanation for		1 st Quarter (Jan – Mar)	2 nd Quarter (Apr – Jun)		rd Quarter Jul – Sep)			4 th Quarter (Oct – Dec)			
Refund	∇	Check appropriate explanation for overpayment below									
	1.										
 2. School board tax withheld from wages of a non-resident of Louisville Metro, KY duri 3. Occupational taxes withheld at a higher rate than 2.2% 											
	5.	Non-Resident Minister Exempt from .75% tax rate									
	6.	Other: (Must pro	ovide detailed explanat	ion)							
If you are requesting a refund as a result of one of the items described on Line 2-6, pleas enter the amount of refund you are requesting:											
		amount of refund		\NIT					.00		
ELECTRONIC FILING: Re	giste	r for electronic filing. It	is an easy, secure and o		file and pa	y taxes on-	line. I	For more informat	ion log		
	-		orevenue org Mail Form						J		

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TORRIVE WEEK	W-I:				FAUL Z						
PART V	▼ This section must be completed if claiming refund as a non-resident of Louisville, Metro KY										
Non-Resident	I hereby certify that my residence is	Hait / Ant no									
Statement	Address (number and street)	Unit / Apt. no.									
	C:t.	Ctata	7: C		Cinna						
	City	State	Zip Code		Since						
DADT VI	▼ This section must be completed	if claiming refund at m	inister's tay rate								
PART VI Minister	▼ This section must be completed if claiming refund at minister's tax rate I hereby certify that I have been ordained since										
PART VII	▼ Employee's Certification I hereby certify that the information provided above is true and correct										
Signature	Signature of Employee Date										
Certification	- 6										
(Employer's	▼ Employer's Certification										
Certification Must be	I hereby certify that the information										
notarized)	Employer's / Agent's Authorized Sigi	Date									
	Print Legal Name of Employer / Ager	Daytime Phone Number									
	Subscribed and sworn to before me	,20 by									
				1							
	Notary ID Number	Notary Public, Sta	te at Large	My Comr	nission Expires						
	Notary Signature		Notary Printed N	ame							
	Notary Signature		Notary Fillited N	aiiie							
	☐ This notarial act was performed	hy means of commun	ication technology	,							
		ck Option Worksh		•							
General		<u> </u>		art III. of th	is						
Information	For any stock option that was included in the gross wages amount on Line 4, Part III, of this application, enter the year the stock options were granted?										
Tax Due	Number of hours worked outside Louisville Metro, KY for the refund year listed in Part II										
Calculation	Total number of hours worked outside Edulsville Metro, KY for the refund year listed in Part II										
	(Excluding holiday, vacation & sick days) Normal work year = 2080 hours 3. Percentage of time worked outside Louisville Metro, KY (Divide Line 1 by Line 2)										
Excluding Stock											
Options	Must be at least 5% to claim r	%									
Tax Rate (Line 9)	4. Total gross wages per Box 5 or										
Non-residents Rate:	(including deferred compensa	.00									
1.45% (.0145), Resident	5. Value of stock options include	Value of stock options included on Line 4 above									
Rate: 2.2% (.0220)	6. Gross wages not including sto	.00									
	7. Total wages earned outside Lo	.00									
	8. Local Taxable Wages (Subtract	.00									
	9. Occupational Tax Due (Multip	.00									
Tax Due	10. Number of hours worked outside Louisville Metro, KY for the year option was granted										
Calculation on	11. Total number of hours worked for the year option was granted										
Stock Options	12. Percentage of time worked outside Louisville Metro, KY. (Divide Line 10 by Line 11)										
otock options	Must be at least 5% to claim i	%									
Tax Rate (Line 16)	13. Value of stock options reporte	.00									
Non-residents Rate:	14. Value of stock options earned										
1.45% (.0145), Resident	(Multiply Line 12 by Line 13)	.00									
Rate: 2.2% (.0220)	15. Value of stock options earned										
	(Subtract Line 14 from Line 13	.00									
	16. Occupational tax due attributable to stock options (Line 15 multiply by tax rate)										
Tax Due &	17. Total Occupational Tax due (A	17. Total Occupational Tax due (Add Line 9 and Line 16) .00									
Refund	18. Amount of tax withheld per Form W-2 or its equivalent (Submit applicable document) .										
Calculation	19. Amount of Refund Requested	19. Amount of Refund Requested									
	did not remit the taxes and/or quarte	erly employee withhold	ding tax return for t	the period(s	s) included in this refund						
	Metro Revenue Commission will notif										