

University of Kentucky
OCCUPATIONAL LICENSE FEE (LOCAL CITY TAX) FORM
CONTINUATION FORM

Employee Name: _____ Person ID Number: _____ Paid Monthly Biweekly

Employee Home address: _____

Pernr Number: _____ Effective Date: _____ Is this update due to Covid-19 Yes: No:

Work Location(s): The Occupation tax is based upon where the work is performed, therefore if the work location is within city limits you must choose the city as the tax location for this form. If the work location is outside city limits you must choose the county where the work location resides for this form. If the work location is not listed in the drop down section then the employee must choose "no tax for work location" from the drop down section. Work locations will be verified and if it is determined the wrong city or county has been chosen you will be asked to complete a new form. When completing this form, departments/employees should, to the best of their ability, determine the percentage of time spent in each work assignment location. Reviewing the employee's previous work locations from previous year(s) may help determine the percentages for this year. Percent of time spent in each location must be listed and equal a total of 100%. You must provide a work address for each location chosen including the "no tax option for work location" entries. The address should be listed on the address line directly below the city/county chosen. Employees should be aware that retro changes made to their occupational taxes could result in the employee owing additional occupational tax. Questions or concerns about additional tax owed should be directed to the employees payroll analyst. Payroll analyst contact information can be found here: <https://www.uky.edu/ufs/payroll-services>.

Name of City/County _____ Percent taxable _____
Work Address for location chosen above: _____

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Work Address for location chosen above: _____

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Work Address for location chosen above: _____

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Work Address for location chosen above: _____

Name of City/County _____ Percent taxable _____
Work Address for location chosen above: _____

Name of City/County _____ Percent taxable _____
Work Address for location chosen above: _____

Total Percent combined: _____

Employee Signature: _____

I declare that to the best of my knowledge this is a true, correct, and a complete document. Additionally, I realize it is my responsibility to notify Payroll Services of any change(s) in my status during the calendar year.

Supervisor or Business Officer Signature: _____ Phone Number: _____

I declare that the information provided on this form has been verified and is correct.