Northern Kentucky University Occupational License Fee (Local City Tax) Form: Kentucky

<u>Purpose:</u> This formisfor **Kentuckyresidentsonly** and should be used when any portion of an employee's geographical work location is outside of the Highland Heights/Campbell County, Kentucky area.

<u>Duration:</u> This form is effective only for the current calendar year. A new form must be submitted **each year** and when an employee's work assignment or percentage of time in a work location has changed.

Employee Name:	Person ID Number:	Paid Monthly	Biweekly
Employee Home address:			
What county do you live in?			
What school district do you live in?			
Effective Date (MM/DD/YY):			
city as the tax location for this form. If the wo the work location is not listed in the drop-do	ed upon where the work is performed, therefore if the ork location is outside city limits you must choose the community was estion then the employee must choose "no tax for".	ounty where the work locat work location" from the dro	on resides for this form. If p-down section. Work
When completing this form, departments/emplo Reviewing the employee's previous work location be listed and equal a total of 100%. You must pro should be listed on the address line directly belo	ed the wrong city or county has been chosen you will be byees should, to the best of their ability, determine the percents from previous year(s) may help determine the percents ovide a work address for each location chosen including the work the city/county chosen. Employees should be aware that ax. Please email payroll with questions or concerns at payroll with questions	entage of time spent in each v ages for this year. Percent of ti e "no tax option for work local t retro changes made to their o	vork assignment location. ime spent in each location must ion" entries. The address
Name of City/County	Percent	t taxable	
Work Address for location chosen at	oove:		
Name of City/County	Percent	t taxable	
Work Address for location chosen al	00ve:		
Name of City/County	Percen	t taxable	
Work Address for location chosen ab	oove:		
Name of City/County	Percen	t taxable	
Work Address for location chosen al	00ve:		
Employee Signature:	Date:		
I declare that to the best of my knowle	dge this is a true, correct, and complete documen s immediately should my work location or my wo		
Supervisor Signature:	Date: d on this form, has been verified and is correct.	Phone:	