

City of Union

www.cityofunionky.org

1843 Bristow Drive Union, KY 41091

859-384-1511

occtax@cityofunionky.org

Earnings Outside of Union

Name: _____

Social Security Number: _____

Address: _____

Dear Sir or Madam:

Please fill out the data below for the above noted employee for the tax year 2023. Total work time spent both in the City of Union and in other locations should total 100%.

Name of County /City/State

Percent of Time (Spent working in this jurisdiction)

Employee's Certification:

I hereby certify that the information provided above is true and correct.

Employee's Signature: _____ Date: _____

Employer's Certification:

Employer's Authorized Signature _____ Date: _____

Printed Name/Title _____

Phone Number : _____

E-mail: _____

SIGNATURE CERTIFICATIONS: The Employee and Employer must provide a signature for the allocation to be accepted.

The person signing this form for the Employer must be in a position of authority (corporate officer, chief accountant, or head of payroll) and must certify that the information provided on this statement is true and correct. We must be able to contact this individual.

This form is NOT a refund application. If you would like to apply for a refund, please use the refund application that is found on our website.