

**CITY OF FLORENCE, KENTUCKY
8100 EWING BLVD.
FLORENCE, KY 41042
859-647-5413**

**PAYROLL TAX REFUND / EXCLUSION FORM
YEAR ENDING 2024**

Name: _____

SSN _____

Address _____

Telephone _____

1. TOTAL WAGES, TIPS, OTHER COMPENSATION

- A. Total Gross Wages based on 2% Payroll Tax (Line 1B divided by 2%) \$ _____
- B. Florence Payroll Tax Withheld per W-2 \$ _____

2. TAXES WITHHELD OVER THE MAXIMUM

- A. Maximum Payroll Tax Liability 2024 \$3,372.00
- B. Taxes withheld over the Maximum (Line 1B less Line 2A - If \$0 or less, enter \$0) \$ _____

3. EXCLUSION FORMULA

- A. Total Days Worked in 2024 (Including Florence) _____
- B. Total Days Actually Worked Outside Florence in 2024* _____
- C. Line 3B Divided by Line 3A _____ %
- D. Multiply Line 1A by Line 3C \$ _____
- E. Taxable Income (Line 1A Less Line 3D) \$ _____
- F. Tax Liability (Line 3E x 2%) \$ _____

4. TAX LIABILITY CALCULATION

- A. Tax Liability/Refund (Line 3F Less Line 2B) \$ _____

If Line 4A is Greater than the Sum of Line 1B, go to Line 4B.
If Line 4A is Less than the Sum of Line 1B, go to Line 4C.

B. Amount of Tax Due to the City of Florence
(Line 4A Less the Sum of Line 1B) \$ _____

Penalty 12 % \$ _____

Interest 1% per Month \$ _____

TOTAL DUE TO THE CITY OF FLORENCE \$ _____

C. Amount of Refund Due Taxpayer
(Sum of Line 1B Less Line 4A) \$ _____

REFUND DUE TO THE TAX PAYER \$ _____

*Please fill out the below data for the above noted employee for tax year 2024. Total work time spent both in the City of Florence and in other locations should total 100%

*Please provide proof that Taxes were paid to each Jurisdiction listed below

Name of County/City/State	Percent of Time (spent working in the community)
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
Total	<u>_____ %</u>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true and complete.

Under penalties of perjury, I declare that the information given under Section 3 above is factual.

Signature of Employee

Signature of Employer/Title

Employer's Phone Number

Date

Date

*Please provide copy of W2