



OCCUPATION LICENSE FEE REFUND REQUEST FORM

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING

1. A copy of the W-2 for the refund year must be attached to this form.
2. Each item under Section I, II, and III must be completed or form will not be processed.
3. Employer's signature **must** be notarized.
4. After completing all sections, sign and date at the bottom of form.
5. If you believe you paid the Occupation License Fee in error (not required by the City Ordinance) explain the reason you believe you are exempt on a separate sheet of paper and attach it to this request.
6. If you have questions regarding this form, please call (334) 501-7239.

SECTION I

EMPLOYEE'S NAME _____ EMPLOYER'S NAME _____

ADDRESS _____ ADDRESS _____

PHONE(____) ____ - _____ PHONE(____) ____ - _____

SECTION II EMPLOYEE SOCIAL SECURITY NUMBER _____

| Name(s) and address(es) of Employer(s) for current year | Dates of Employment From To | Gross Earnings | Auburn Earnings | % of Time worked in Auburn (see Note) |
|---|-----------------------------|----------------|-----------------|---------------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Note: If less than 100% of time was worked in Auburn, please have employer(s) sign below.

1. _____
EMPLOYER'S SIGNATURE

2. _____ Subscribed and sworn to before me this the ____ of 20 ____
EMPLOYER'S SIGNATURE

3. _____ Notary Public _____
EMPLOYER'S SIGNATURE

SECTION III

1. Total Occupation License Fee Withheld/Paid \$ _____

2. Total Gross Auburn Earnings \$ _____

3. License Fee Due to the City of Auburn (1% of line 2)..... \$ _____

4. License Fee Paid to the City of Auburn (Line 1)..... \$ _____

5. Refund Due (If Line 4 is greater than Line 3)..... \$ _____

6. Payment Due (If line 3 is greater than Line 4)..... \$ _____

DECLARATION AND SIGNATURE

UNDER THE PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE RETURN.

EMPLOYEE'S SIGNATURE _____ DATE OF SIGNATURE _____