

CITY OF HARTFORD REFUND APPLICATION

Ordinance No. 2013-06

Name _____

Address _____

City _____ State _____ Zip _____

City of Hartford
Occupational Tax Administrator
PO Box 64
Hartford, KY 42347

Refund Request Year _____

- A. Total Wages, Salary received in City of Hartford \$ _____
- B. Occupational tax remitted to City of Hartford \$ _____
- C. Refund requested @ 1% for wages under \$5,000.00 \$ _____
- D. Refund requested @ 1/2% for wages of \$5,000.01 to \$16,640.00 \$ _____
- E. Total of line C or D to be refunded \$ _____

I hereby certify that the information is true and correct:

Signature

Date

Application will not be considered unless supporting documentation (W'2's, 1099's, etc) are submitted with this application.

Refunds will not be issued until after April 15.

Office Use Only	Check Amt	_____
	Check Date	_____
	Check Number	_____
Approval _____		