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

<u>**Purpose:**</u> This form should be used when any portion of an employee's geographical work location is outside of the Lexington/Fayette County, Kentucky area.

<u>Duration:</u> This form is effective only for the current calendar year. A new form must be submitted <u>by the department</u> each year or 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:			
Pernr Number:	Effective Date (MM/DD/YY):	Is this update due to Cov	rid-19: Yes: No:
	eave balance statement in Employee Self Service or the en	<u>-</u>	
Work Location(s): The Occupation tax is	s based upon where the work is performed, therefo	ore if the work location is within	city limits you must choose
	If the work location is outside city limits you mus in the drop down section then the employee m		
section. Work locations will be verified When completing this form, department assignment location. Reviewing the empercent of time spent in each location mander to their work location to their entries aware that retro changes made to their	and if it is determined the wrong city or county ha ts/employees should, to the best of their ability, de ployee's previous work locations from previous ye nust be listed and equal a total of 100% .You must ps. The address should be listed on the address line occupational taxes could result in the employee ow to the employees payroll analyst. Payroll analyst co	s been chosen you will be asked etermine the percentage of time ar(s) may help determine the p provide a work address for each directly below the city/county ving additional occupational tax	to complete a new form. spent in each work ercentages for this year. location chosen including th chosen. Employees should be a. Questions or concerns abou
Name of City/County	Pero	cent taxable	
Work Address for location chosen	above:		
Name of City/County	Pero	cent taxable	
Work Address for location chosen	above:		
Name of City/County	Per	cent taxable	
Work Address for location chosen	above:		
Name of City/County	Per	cent taxable	
Work Address for location chosen	above:		
If you have more work location: http://www.uky.edu/eForms/alp	s than listed above please complete the Local haindex.php?startswith=L	City Tax-Work location cont	nuation form.
Employee Signature: I declare that to the best of my known responsibility to notify Payroll Servicalendar year.	vledge this is a true, correct, and complete docur ices immediately should my work location or my	ment. Additionally, I realize it work percentage(s) change d	is my luring the
Supervisor or Business Officer Sign declare that the information provi	gnature:ided on this form has been verified and is correc	Phone number:	