

*City of Clinton*  
112 S Jefferson Street Clinton, Ky 42031  
Phone 270-653-6419  
Fax 270-653-6422

**Payroll Tax Refund Request**

**Individual Requesting Refund:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Employer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Amount Withheld & Remitted To City:**

\$ \_\_\_\_\_

\$ \_\_\_\_\_ -400.00 \_\_\_\_\_ (Maximum Annual Tax)

\$ \_\_\_\_\_ ( Amount of Refund)

For Tax Year January 1, 20\_\_\_\_ / December 31, 20\_\_\_\_\_

Signature \_\_\_\_\_ Date" \_\_\_\_\_

**(Request Must Be Made Between January 31 And April 15 For Refund)**