

Employee Name: _____ EKU ID: _____

**EASTERN KENTUCKY UNIVERSITY
OCCUPATIONAL LICENSE FEE (LOCAL TAX) EXEMPTION FORM**

PURPOSE: Notify EKU of Employee primary work station(s) for the purpose of withholding the appropriate county/city occupational taxes from EKU compensation as EKU is directed to do per KRS 67.750.

DURATION: This form is effective until modified by the employee

WHO MUST COMPLETE THIS FORM: All Employees

EMPLOYEE RESPONSIBILITY: The Employee is responsible for notifying EKU what work location(s) has changed by completing a new form for each location.

Occupational taxes are applied to gross compensation paid to the employee in the city/county he/she works. If more than one city/county, please complete 1 form for each location.

NOTE: The total of all forms provided must equal 100%.

WORK LOCATION: (P.O. Boxes are not acceptable)

Employee primary physical work station is located at:

Street: _____

City: _____, County: _____, State: _____, Zip Code: _____

Is the Employee work location shown above within city limits? Yes or No << please circle one.
If yes, only city tax is applicable. If no, county tax may also be applicable.

The percentage of time work is done from the primary location is: _____
If percentage less than 100% please complete additional forms until total equals 100%

HOME ADDRESS:

Street: _____, Apt: _____, Country _____

City: _____, County: _____, State: _____, Zip Code: _____

This information is needed to determine if other taxes such as school taxes are applicable to your withholding. If the work and home location is not Kentucky occupational tax (local tax) is not due. Please complete the form to confirm your location as support for why this tax is not withheld from payroll.

By signing below, I acknowledge that the information provided herein is true and correct. I acknowledge it is my responsibility to update my work location(s) as often as needed to remain compliant with KY law regarding occupational taxes.

Employee Signature: _____ Date: _____

Route the completed form to: Payroll Office, CPO 3A, Jones 213, 521 Lancaster Avenue, Richmond, KY 40475