



**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) 501-7228.

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 \_\_\_\_\_