

Eastern Kentucky University

Occupational License Fee (Local Tax) Form

Purpose: The purpose of this form is to notify Eastern Kentucky University (EKU) of each employee's assigned workstation location(s) for purposes of withholding the applicable county and/or city occupational license taxes from compensation, in accordance with Kentucky Revised Statute (KRS) 67.150. Occupational license taxes are imposed on an employee's gross compensation.

Instructions: The employee must complete and sign this form to establish or update their assigned work location(s) and the percentage of time allocated to each location. This information will be used by EKU to determine and apply the appropriate occupational tax withholdings.

Employee Name: _____	EKU ID: _____
Home Address: _____	City: _____
County: _____	State: _____ Zip Code: _____

Work Location(s): Occupational license tax withholding is based on the location where services are performed. If services are performed within city limits, the applicable city must be selected. If services are performed outside city limits, the applicable county in which the work is performed must be selected. Employees must, to the best of their knowledge, report the percentage of time worked at each location on an annual basis. **The total percentage must equal 100%.** A physical work address is required for each location listed. If more than four locations apply, an additional form must be completed.

City/County: _____	Percent of time work is done from this location: _____
Work Address: _____, State: _____, Zip Code: _____	

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Work Address: _____, State: _____, Zip Code: _____	

City/County: _____	Percent of time work is done from this location: _____
Work Address: _____, State: _____, Zip Code: _____	

City/County: _____	Percent of time work is done from this location: _____
Work Address: _____, State: _____, Zip Code: _____	

I certify that the information provided in this document is true, accurate, and complete to the best of my knowledge. I further acknowledge my responsibility to notify Human Resources promptly of any changes to my work location(s) or the percentage of time worked at each location.

Employee Signature: _____ Date: _____

If the form is not submitted electronically, return the completed form(s) to Human Resources at the location below.
 Office: Jones Building, Room 117
 Mailing Address: Coates CPO 24A