

**EMPLOYEE'S ANNUAL OCCUPATION LICENSE FEE REQUEST FOR REFUND RETURN**

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**READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING**

1. A copy of all your W-2 Forms for the current year must be attached to this return.
2. Each item under Section I, II, and III must be completed or form will be returned.
3. Employer's signature *must* be notarized.
4. After completing each section, sign and date your request.
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 any questions regarding your return, please call (334) 501-7228.

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**SECTION I**

EMPLOYEE'S NAME \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**SECTION II**

**EMPLOYEE SOCIAL SECURITY NUMBER** \_\_\_\_\_

Name(s) and address(es) of Employer(s) for current year	Dates of Employment		Gross Earnings	Auburn Earnings	% of Time worked in Auburn (see NOTE)
	From	To			
1. _____					
2. _____					
3. _____					
4. _____					

Note: If less than 100% of time was worked in Auburn, please have employer(s) sign below.

1. \_\_\_\_\_  
EMPLOYER'S SIGNATURE

2. \_\_\_\_\_  
EMPLOYER'S SIGNATURE

3. \_\_\_\_\_  
EMPLOYER'S SIGNATURE

Subscribed and sworn to before me this the \_\_\_\_\_  
of \_\_\_\_\_ 200\_

Notary Public \_\_\_\_\_

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**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) ----- \$ \_\_\_\_\_

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**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