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) 501-7239.

SECTION I

EMPLOYEE’S NAME ____________________________________

EMPLOYER’S NAME ____________________________________

ADDRESS____________________________________________

ADDRESS____________________________________________

PHONE(____) _____ -_______________

PHONE(____) _____ -_______________

SECTION II

<table>
<thead>
<tr>
<th>Name(s) and address(es) of Employer(s) for current year</th>
<th>Dates of Employment From</th>
<th>Dates of Employment To</th>
<th>Gross Earnings</th>
<th>Auburn Earnings</th>
<th>% of Time worked in Auburn (see Note)</th>
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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. _____________________________________

EMPLOYER’S SIGNATURE   Notary Public __________________________

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

144 Tichenor Ave · Suite 6 · Auburn, Alabama  36830
Office: (334) 501-7239 · Email: taxpayerinfo@auburnalabama.org
Website: www.auburnalabama.org