For Periods Ending
After 1/1/20 ONLY

CITY OF OWENSBORO
OCCUPATIONAL LICENSE FEE
ANNUAL INDIVIDUAL EMPLOYEE RETURN

	EMPLOYEE NAME	EMPLOYED BY
Year Ending	ADDRESS	SOCIAL SECURITY NUMBER
	CITY, STATE, ZIP CODE	
Account Number	PHONE NUMBER	Check here if employed by Federal or State Government ☐

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS RETURN

SECTION A

1.	Gross Employee Compensation per Medicare Wage Box of attached W-2(s). (add Section 125 "Cafeteria Plan Benefits" received after 6/3/05 and other subject benefits not included in Medicare Wage box on W-2(s). **A copy of your final paystub for the year must also be attached)**	
2.	Total hours/days worked everywhere during the year to earn compensation on Line 1 **(Exclude hours/days for holiday, vacation, and sick pay benefits paid to you while absent from work)**	
3.	Total hours/days worked in the City of Owensboro during the year. (Complete Form 200-VO on back) **(Exclude hours/days for holiday, vacation, and sick pay benefits paid to you while absent from work)**	
4.	Percentage of hours/days worked in Owensboro **(line 3 divided by line 2) (Carry out four places)**	
5.	Compensation Subject to License Fee (**Line 4 X Line 1**)	
6.	Occupational License Fee Rate	1.78%
7.	Occupational License Fee Due **(Line 6 X Line 5)**	
8.	Total License Fee Paid During the Year or Withheld for the City of Owensboro As Shown On Attached W-2(s)	
9.	If Line 8 is Greater than Line 7, Enter Difference as REFUND	
10.	Enter any portion of refund from Line 9 above to be applied to Current Year Daviess County License Fee Due **(Also enter this amount on Line 13 of the Daviess County Individual Employee Return)**	
11.	Adjusted Refund (Line 9 minus Line 10)	
12.	If Line 7 is greater than line 8, enter the difference as **LICENSE FEE DUE**	
13.	Amount of Daviess County License Fee Overpayment from Line 10 **of the Daviess County Individual Employee Return to be credited against City of Owensboro License Fee due on Line 12 above**	
14.	Adjusted License Fee Due **(Line 12 minus Line 13**)	
15.	Penalty @ 5% per calendar month not to exceed 25% **$25 MINIMUM**	
16.	Interest @ 1% per calendar month or fraction thereof	
17.	Total Due **(Add Lines 14, 15 and 16)**	

I hereby certify that the statements made herein and in any supporting schedule are true, correct and complete to the best of my knowledge.

Signature of Employer Date Signature of Employee Date

RETURN MUST BE SIGNED

MAIL TO: OCCUPATIONAL TAX ADMINISTRATOR
PO BOX 10008
OWENSBORO KY 42302
(270) 687-5600

FORM RU-1

DAVIESS COUNTY FISCAL COURT

OCCUPATIONAL LICENSE FEE

ANNUAL INDIVIDUAL EMPLOYEE RETURN

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2.	Total hours/days worked everywhere during the year to earn compensation on Line 1 **(Exclude hours/days for holiday, vacation, and sick pay benefits paid to you while absent from work)**	
3.	Total hours/days worked in Daviess County during the year. (Complete Form 200-VO on back) **(Exclude hours/days for holiday, vacation, and sick pay benefits paid to you while absent from work)**	
4.	Percentage of hours/days worked in Daviess County **(line 3 divided by line 2) (Carry out four places)**	
5.	Compensation Subject to License Fee (**Line 4 X Line 1**)	
6.	Occupational License Fee Rate	0.70%
7.	Occupational License Fee Due **(Line 6 X Line 5)**	
8.	Total License Fee Paid During the Year or Withheld for Daviess County As Shown On Attached W-2(s)	
9.	If Line 8 is Greater than Line 7, Enter Difference as REFUND	
10.	Enter any portion of refund from Line 9 above to be applied to Current Year City of Owensboro License Fee Due **(Also enter this amount on Line 13 of the City of Owensboro Individual Employee Return)**	
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FORM RU-1

FORM 200-VO

CALCULATION OF WAGES EARNED OUTSIDE THE CITY OF OWENSBORO

Schedule of Days/Hours Spent Working Outside the City of Owensboro

If additional space is needed, use photocopies of this page. Make sure you attach all pages to the Individual Employee Return.

NOTE: a) Schedule must be based upon actual working time. **DO NOT** use commissions, mileage etc.

b) Any time spent working (preparing reports, making business related telephone calls, etc.) from your City of Owensboro home or office is considered time inside the City of Owensboro.

DATE	LOCATION	DAYS/HOURS
	TOTAL this page	
	TOTAL other pages	
	GRAND TOTAL	

FORM 200-VO

CALCULATION OF WAGES EARNED OUTSIDE DAVIESS COUNTY

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	TOTAL this page	
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