

City of Madisonville
Payroll Tax Refund Worksheet

Tax Year _____

Employee Name _____

Employee Address _____

Social Security Number _____

Employer Name _____

Employer City Acct. # _____

Tax/Refund Calculation:

- | | |
|--|-------|
| 1. Total Salary, Wages, Commissions, Other Compensation(Per W-2) | _____ |
| 2. Less Compensation Paid for Services Outside of Madisonville | _____ |
| 3. Taxable City of Madisonville Earnings (Line 1 minus Line 2) | _____ |
| 4. Actual Tax Due at 2.5% (Line 3 x 2.5%) | _____ |
| 5. Amount of City Withholding Per W-2 | _____ |
| 6. Refund Amount Due (Line 4 minus Line 5) | _____ |

Employee Signature _____

Date _____

Employer/Supervisor Signature _____

Date _____

Filing Instructions:

Please attach a copy of your W-2 form with this return.

Mail to: Director of Finance
P.O. Box 1270
Madisonville, KY 42431