



PAYROLL TAX REIMBURSEMENT REQUEST FORM

Please complete this form and submit to:

City of Covington Finance Department
20 West Pike Street
Covington, Kentucky 41011

Attn: Shannon White
Tel. 859 292 2187 Fax 859 292 2131
Email: swhite@covingtonky.gov

**Each section/line of Page -1- of this form must be completed to be accepted for processing & reimbursement.*

Date: _____ **Year of this Reimbursement:** _____

Company Name: _____

Mailing Address: _____

Federal Employer ID Number: _____

NAICS Code: _____ **Withholding ID Number(s):** _____

Company Representative/Contact Person: _____

Title: _____

Telephone: _____

Email Address: _____

REQUIRED TO BE SUBMITTED WITH THIS REQUEST:

- W-9 Form
- Annual Payroll Report (as required by your Development Agreement Contract, and in format stated)
- Payroll Reconciliations
- Payroll broken out by state of residency
 - Payroll for Kentucky residents
 - Payroll for residents of all other jurisdictions

Name of Person Submitting this Reimbursement Request (Printed Name)

Title

Authorized Signature of Person Submitting this Reimbursement Request*

*By signing this Request for Payroll Tax Reimbursement Form, I do hereby attest that the information submitted herewith and attached hereto is accurate and truthful, and that I am a duly authorized representative of the company named herein.