

LAUREL COUNTY, KENTUCKY LICENSE FEE

APPLICATION FOR REFUND

EMPLOYEE

EMPLOYER

NAME: _____

ADDRESS: _____

SS#: _____

1. TOTAL GROSS EARNINGS IN 20____ (ATTACH W-2'S) \$ _____

2. LESS WAGES EARNED OUTSIDE LAUREL COUNTY \$ _____

3. ADJUSTED GROSS EARNINGS (LINE 1-LINE 2) \$ _____

4. IF YOU ARE AGE 65 OR OLDER ENTER \$ 2,000.00 \$ _____
(ATTACH ID FIRST YEAR)

5. EARNINGS SUBJECT TO THE OCCUPATIONAL TAX \$ _____
(LINE 3-LINE 4)

6. TOTAL TAX (LINE 5 X 1%) \$ _____

7. OCCUPATIONAL TAX WITHHELD BY EMPLOYER \$ _____

8. AMOUNT TO BE REFUNDED (LINE 7-LINE 6) \$ _____

I HEREBY CERTIFY THAT THE INFORMATION & STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF EMPLOYER OR SUPERVISOR & TITLE

DATE

MAIL TO: LAUREL COUNTY OCCUPATIONAL TAX OFFICE
PO BOX 650
LONDON, KY 40743-0650

PHONE: (606) 878-9766

Refunds will be mailed by the Laurel County Treasurers Office within six weeks of approval date.

