

**FRANKLIN COUNTY
OCCUPATIONAL TAX COLLECTOR
P.O. Box 594
Frankfort, KY 40602**

APPLICATION FOR REFUND

PART I: GENERAL INFORMATION

1. EMPLOYEE NAME _____
Last, First, Middle Initial
2. SS# _____
3. CURRENT ADDRESS _____
Street Address/P.O. Box
4. OFFICE PHONE () _____
5. HOME PHONE () _____
6. EMPLOYER'S NAME _____
7. ADDRESS _____
Street Address/P.O. Box
8. OWNER/MANAGER _____
City, State, Zip
9. OFFICE PHONE () _____
10. PAYROLL SUPERVISOR _____
Last, First, Middle Initial
11. OFFICE PHONE () _____

PART II: EXPLANATION

12. State here (in narrative form) all facts and circumstances surrounding the request for a refund of Franklin County Occupational License Fees inappropriately withheld from your wages or paid by you: (ATTACH DOCUMENTATION)

13. Has the situation been corrected with Payroll Department? _____ YES _____ NO

14. Please read the information on the back of this application which explains the County's refund policy as set forth in the County Ordinance.

PART III: REFUND REQUEST

15. Period From _____ To _____
16. Gross Wages, Commissions and Other Employee Earnings.....16. _____
(Attach Copy of W-2 Form)
17. Total Number of Days Employed During the Year.....17. _____
18. Number of Days From Line 17 Employed Inside County....18. _____
19. Days Employed Inside Franklin County as a Percentage.....19. _____
(Line 18 Divided by Line 17)
20. Earnings Subject to License Fee (Line 19 x Line 16).....20. _____
21. License Fee Due - 1% of Line 20.....21. _____
22. Total County Occupational License Fee Withheld.....22. _____
23. Enter Refund Due - (Subtract Line 21 from Line 22).....23. _____
24. If your claim for overpayment is due to license fee withheld on wages earned by you for work performed outside of Franklin County, please complete Schedule A and have your employer verify the information supplied thereon.

PART IV: CERTIFICATION

25. I, _____, do hereby certify that the information contained in
Employee Name
the application for refund of overpayment of Occupational License Fee, and all schedules and
documentation submitted herewith, is true.

Employee Signature

State of Kentucky

County of _____

Subscribed and sworn before me by _____ this _____ day of
_____, 199_____

Notary Public

My Commission Expires: _____

Schedule A

Documentation for refund of license fee withheld on compensation earned for work performed outside of Franklin County.

Name of Employee Claiming Refund: _____

MONTH	DATE(S)	LOCATION	DAYS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

"Total number of days employed during entire period _____, less number of days claimed as employment outside the County _____, equals number of days employed inside the County." (Must agree with Line 18)

VERIFICATION

I, _____ state that I am _____ of
(Name) (Title)
_____ company, that _____ is an
(Employer's Name) (Employee Claiming Refund)
employee of such company, and that I have reviewed the above information supplied by the employee and that it is true and correct to the best of my knowledge and belief.

(Signature)

State of Kentucky
County of _____

Subscribed and sworn to before me by _____ as _____ of
_____ company this _____ day of _____, 199 _____

Notary Public

My Commission Expires: _____

REFUNDS

Every person employed within Franklin County shall pay to the County a license fee equal to one percent of all compensation received for work performed within the County as measured by all wages, salaries, other compensation, and any and all income derived from approved leave, including but not limited to vacation pay, sick leave pay, military leave pay, personal days, holidays, annual leave and other approved leave, as reported for the applicable year on Form W-2, wages and tax statement.

Those employees whose employment requires the performance of work both within and without the county are eligible to have refunded any amounts withheld by his or her employer and paid to the County as license fee on compensation received for days in which the employee worked exclusively outside of the County subject to the following requirements:

1. Applications for license fee refund must be made on forms provided by the Occupational Tax Collector. The information provided therein by the employee must be sworn to by the employee and verified under oath by his or her employer.
2. The application must be accompanied by a copy of the employee's W-2 for the calendar year for which a refund is sought and must be submitted no later than April 15 of the year following the year in which the claimed overpayment was made.

NOTE: Any amount refunded to you by Franklin County could be subject to payment in the county or city in which you worked. You must bear this in mind when applying for a refund.