



Application for Employee Refund of Occupational License Tax Withheld

Form FOL -7

OFFICE USE ONLY

APPLICANT INFORMATION				Vendor Number
Last Name	First Name			
Address	City	State	Zip	County
Phone Number	Email Address			Social Security Number
EMPLOYER INFORMATION				
Employer's Business Name	Employer's Federal ID Number		Employer's Account Number	

Refund Year _____

OFFICE USE ONLY

1. Number of days/hours worked outside of Lexington, Kentucky.....
2. Total number of days/hours worked
Normal Work Year = 260 days /2080 hours.....
3. Percentage of time worked outside of Lexington, Kentucky
(Divide Line 1 by Line 2).....
4. Total gross wages per Box 5 or Box 18, whichever is greater on Form
W-2 (including deferred compensation)
5. Total wages earned outside of Lexington, Kentucky
(Multiply Line 4 by Line 3).....
6. Local taxable wages (Subtract Line 5 from Line 4).....
7. Total tax due (Multiply Line 6 by 0.5%)
8. Amount of tax withheld per Form W-2
9. Amount of refund requested (Subtract Line 7 from Line 8).....

Complete this section if claiming refund as a non-resident of Lexington, Kentucky

I hereby certify that my residence is

Address		Since
City	State	Zip Code

MAILING ADDRESS: P.O. BOX 55570, LEXINGTON, KENTUCKY 40555-5570

EMPLOYEE' S CERTIFICATION

I hereby certify that the information provided is true and correct

Signature of Employee	Date

EMPLOYER' S CERTIFICATION

I hereby certify that the information provided is true and correct

Authorized Employer Signature	Date
Print Name of Authorized Employer Signature	Daytime Phone Number

REQUIRED INFORMATION

- The employee and employer must provide an original signature for the refund application to be processed.
- W-2 forms are required and must show local wages, federal wages, social security and Medicare wages and the 0.5% license tax withheld.
- If a refund is from more than one employer, a separate application must be completed for each employer.

GENERAL INFORMATION

- Schedule of days worked outside of Lexington (Fayette County) is based on actual working time. Do not use commissions, mileage or business phone calls made from your home or office based inside Fayette County.
- There is a two-year statute of limitations within which a refund request must be submitted to the Fayette County Public Schools. The request must be postmarked within two years from the due date of the annual Reconciliation form. The due date for this form is February 28.
- **REFUND PROCESSING WILL BEGIN ON OR BEFORE APRIL 1. PLEASE ALLOW 6—8 WEEKS FROM THAT DATE FOR PROCESSING.**

DATE	LOCATION	DAYS/HOURS

If you need additional space, please attach a listing of dates, places and time worked outside of Lexington