

CITY OF NICHOLASVILLE
P.O. BOX 590
NICHOLASVILLE, KY 40340-0590
(859) 885-1121

REQUEST FOR REFUND

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1. EMPLOYEE NAME _____ 2. SS# _____
3. CURRENT ADDRESS _____ 4. OFFICE PHONE () _____
- _____ 5. HOME PHONE () _____
6. EMPLOYER'S NAME _____
7. ADDRESS _____
8. OWNER/MANAGER _____ 9. OFFICE PHONE () _____
10. PAYROLL SUPERVISOR _____ 11. OFFICE PHONE () _____

PART II: EXPLANATION

12. State here (in narrative form) all the facts and circumstances surrounding the request for a refund of City of Nicholasville 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 City' refund policy as set forth by City 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 City..... 18. _____
- 19. Days employed inside City 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 ½ % of line 20..... 21. _____
- 22. Total City 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 the City of Nicholasville, 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 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
(Day of month)

_____, _____
(Month) (Year)

Notary Public

My Commission Expires: _____

City of Nicholasville Ordinance Sec. 21-56, Subsection C

In the event that an employee, who is paying city payroll taxes to the city of Nicholasville, discovers that there was any error made in either the collecting or reporting concerning his or her city employee payroll tax, then that person may apply to the Board of Commissioners for adjustment in his payroll tax, which will more properly reflect and be a valid assessment for the time in which said employee worked within the city limits of the City of Nicholasville. In the event that the Board of Commissioners determines that there is an inequity resulting from overpayment of tax, the Board of Commissioners may grant refunds to properly reflect that appropriate taxing. Applications for such refunds must be made in writing and must not exceed a period of time greater than two years from the date funds might have been paid or withheld.