

**LAUREL COUNTY KENTUCKY LICENSE FEE
APPLICATION FOR REFUND**

EMPLOYEE

EMPLOYER

NAME : _____

ADDRESS : _____

SS# : _____

PHONE # : _____

- | | |
|--|----------|
| 1. TOTAL GROSS COMPENSATION IN _____ (ATTACH W-2'S) | \$ _____ |
| 2. LESS WAGES EARNED OUTSIDE OF LAUREL COUNTY | \$ _____ |
| 3. ADJUSTED GROSS EARNINGS (DEDUCT LINE 2-LINE 1) | \$ _____ |
| 4. IF YOU ARE AGE 65 OR OLDER ENTER \$2,000.00
(ATTACH ID FIRST YEAR) | \$ _____ |
| 5. EARNINGS SUBJECT TO THE LICENSE FEE
(DEDUCT LINE 4-LINE 3) | \$ _____ |
| 6. TOTAL LICENSE FEE (LINE 5 X 1%) | \$ _____ |
| 7. LICENSE FEE 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 the approval date.

