

CITY OF NICHOLASVILLE  
P.O. BOX 590  
NICHOLASVILLE, KY 40340-0590  
(859) 885-7618

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 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's 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. \_\_\_\_\_
- 17. Total number of days employed during the year 17. \_\_\_\_\_
- 18. Number of days from line 17 employed outside City 18. \_\_\_\_\_
- 19. Number of days from line 17 employed inside City 19. \_\_\_\_\_
- 20. Days employed inside City as a percentage  
(Line 19 divided by line 17) 20. \_\_\_\_\_
- 21. Earnings subject to license fee (line 20 x line 16) 21. \_\_\_\_\_
- 22. License fee due - 1.5% of line 21 22. \_\_\_\_\_
- 23. Total City occupational license fee withheld 23. \_\_\_\_\_
- 24. Enter refund due - (subtract line 22 from line 23) 24. \_\_\_\_\_

25. If your claim for overpayment is due to license fees 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

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. 27-8 Subsection (b)**

An employee who has compensation attributable to activities performed outside the city, based on time spent outside the city, whose employer has withheld and remitted to this city, the occupational license tax on the compensation attributable to activities performed outside the city, may file for a refund within two (2) years of the date prescribed by law for the filing of a return. The employee shall provide a schedule and computation sufficient to verify the refund claim and the city may confirm with the employer the percentage of time spent outside the city and the amount of compensation attributable to activities performed outside the city prior to approval of the refund.