

City of Nicholasville – Tax Office  
P.O. Box 590  
Nicholasville, KY 40340-0590  
859-885-7618  
[www.nicholasville.org](http://www.nicholasville.org)

## Application for Refund

### Part I: Employee Information

Employee Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Phone (Optional): \_\_\_\_\_

Employee Email Address (Optional): \_\_\_\_\_

### Part II: Employer Information

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer's City of Nicholasville Payroll Withholding Account #: \_\_\_\_\_

Payroll Supervisor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

### Part III: Refund Request Narrative

State here (in narrative form) the facts and circumstances surrounding the request for refund of City of Nicholasville Occupational License Taxes.

Has the situation been corrected with Payroll Department? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Part IV: Days Worked Outside City**

List below work performed outside the City of Nicholasville. (If needed, a separate listing of the information requested below may be attached.) Please note that if you are assigned to an office located within the City of Nicholasville vacation pay, comp pay, sick leave pay, holidays, and similar pay are considered work within the City of Nicholasville.

If you worked in another Kentucky district, you may owe occupational licenses tax to that district. You will need to contact those districts for details.

Effective June 29, 2021, KRS Chapter 67 allows tax districts to share employee refund applications and any related information with other tax districts referenced in the application or related information.

<b>Dates</b>	<b>Location</b>	<b>No. of Days</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total No. of Days Worked Outside City:**

**Part V: Refund Request**

Period From: \_\_\_\_\_ Period To: \_\_\_\_\_

**Line 1: Gross Wages, Commissions, and Other Employee Earnings *BEFORE* any pretax deductions** \_\_\_\_\_  
*\*\*Attach W-2(s) that show Federal Taxable Wages, Social Security & Medicare Wages, City of Nicholasville Wages, and City of Nicholasville Occupational License Tax Withholdings*

**Line 2: Total Number of Days employed during the year:** \_\_\_\_\_  
Normal Work Year is 260 days

**Line 3: Number of Days Worked Outside the City** \_\_\_\_\_  
From Part IV - Days Worked Outside the City

**Line 4: Days Worked Inside the City** \_\_\_\_\_

**Line 5: Days Worked Inside City as a Percentage** \_\_\_\_\_  
Line 4 divided by Line 2

**Line 6: Earnings subject to License Fee** \_\_\_\_\_  
Line 5 x Line 1

**Line 7: License Fee Due** \_\_\_\_\_  
Line 6 x 1.5%

**Line 8: Total City Occupational License Fee Withheld** \_\_\_\_\_  
Pull from W-2(s)

**Line 9: Total Refund Due** \_\_\_\_\_

**Part VI: Employer Certification:**

I, \_\_\_\_\_ state that I am \_\_\_\_\_  
Name Title

of \_\_\_\_\_, that \_\_\_\_\_  
Employer's Name Employee's Name

is an 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:

\_\_\_\_\_  
Authorized Employer Representative Signature & Date

State of Kentucky

County of \_\_\_\_\_

Subscribed and sworn before me by \_\_\_\_\_ this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**Part VII: Employee Certification:**

I, \_\_\_\_\_, do hereby certify that the information contained in this application for refund of overpayment of Occupational License Taxes and all schedules and documentation submitted herewith, is true.

\_\_\_\_\_  
Employee's Signature

State of Kentucky

County of \_\_\_\_\_

Subscribed and sworn before me by \_\_\_\_\_ this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

## Appendix

### **A) Provisions of Refund Request per 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 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.