



City of Nicholasville – Tax Office
P.O. Box 590
Nicholasville, KY 40340-0590
859-885-7618
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.

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.