



# Occupational License Administrator

P.O. Box 397, Taylorsville, Kentucky 40071

Phone: 502-477-2997

Fax: 502-477-2998/3206

## Spencer County – Request for Refund of Occupational License Fees Withheld

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 Spencer County Occupational License Fees inappropriately withheld from your wages or paid by you. List other cities where you worked:

(ATTACH DOCUMENTATION)

13. Has the situation been corrected with Payroll Department? \_\_\_\_\_ YES \_\_\_\_\_ NO

### PART III: REFUND REQUEST

14. Period from \_\_\_\_\_ to \_\_\_\_\_

15. Gross Wages, commissions and other employee earnings..... 15. \_\_\_\_\_  
(Attach copy of W-2 form)

16. Total number of days employed during the year (A five-day week = 260 days/year). 16. \_\_\_\_\_

17. Number of days from line 16 employed inside County..... 17. \_\_\_\_\_

18. Days employed inside County as a percentage..... 18. \_\_\_\_\_  
(Line 17 divided by line 16)

19. Earnings subject to license fee (line 18 x line 15)..... 19. \_\_\_\_\_

20. License fee due – 0.80% x 19 (please enter as - number for built in calculation) ..... 20. \_\_\_\_\_

21. Total County occupational license fee withheld..... 21. \_\_\_\_\_

22. Enter refund due – (subtract line 20 from line 21)..... 22. \_\_\_\_\_

24. If your claim for overpayment is due to license fee withheld on wages earned by you for work performed outside of Spencer County, please have your employer verify the information supplied herein. If asked, you must be able to provide proof of days worked outside of Spencer County.

**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 \_\_\_\_\_  
(Month) (Year) (Day of month)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**PART V: VERIFICATION**

I, \_\_\_\_\_ state that I am \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Title)  
\_\_\_\_\_ Company, that \_\_\_\_\_ is an  
(Employer's Name) (Employee claiming refund)  
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.

\_\_\_\_\_  
(Signature)

State of Kentucky  
County of \_\_\_\_\_

Subscribed and sworn before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
(Month) (Year) (Day of month)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_