



**KENTON COUNTY AND CITIES' KENTUCKY
OCCUPATIONAL LICENSE FEE REFUND APPLICATION**

KENTON COUNTY FISCAL COURT
1840 Simon Kenton Way STE 5100
COVINGTON KY 41011
Phone (859) 392-1440
Fax (859)392-1459

TAX REFUND GRANTED BY KENTON COUNTY AND CITIES' KENTUCKY

Taxpayer worked in a city outside the city or county as indicated in section 13 and not in Kenton County and Cities', Kentucky.

Please complete the following and return to the address above. All applicable sections must be completed in order to process refund request. Refunds of Kenton County and Cities Occupational License Fees are made to employers up to two (2) years of the date of the overpayment. Employees may file for a refund within two (2) years of the date the return was required to be filed.

- 1) NAME _____ 7) REFUND YEAR _____
- 2) MAILING ADDRESS _____ 8) REFUND AMOUNT _____
- 3) CITY, STATE, ZIP _____ 9) EMPLOYER NAME (Employee Refunds Only) _____
- 4) CITY OF RESIDENCE _____ 10) EMPLOYER OR BUSINESS _____
- 5) CITY OF EMPLOYMENT _____ OCCUPATIONAL LICENSE# _____
- 6) FEDERAL ID OR SSN# _____

11) Please indicate the City or County for which a refund is claimed (Use separate application for each claim.) _____

12) Refund Type: Check either 12a or 12b

12a) **Employee Withholding Refund (Check One Below)**

12b) **Annual Business Tax Refund (Check One Below)**

- Paid in excess of maximum tax
(See "Schedule" on back AND attach copy of Federal W-2)
- Overpaid due to excluded earnings
(Complete #14 on back of application)
- Other (Please explain)

- Paid in excess of maximum tax
(Attach documentation of overpayment.)
- Overpaid due to excluded earnings
(Attach amended Annual Return.)
- Other (Please explain)

13) Indicate below the city, state and number of days worked outside city or county above during refund year. If not enough space, provide information on a separate page. Then, enter total number of days in 13a.

No. of Days			No. of Days			No. of Days			No. of Days		
City	State	Worked	City	State	Worked	City	State	Worked	City	State	Worked

13a) _____ Total Number of Days Worked.

Under penalties of perjury, I declare that I have examined this refund request, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.

Under penalties of perjury, I declare that the information given on this refund request is factual.

Signature of employee _____ Date _____

Employer Signature and Title _____ Date _____

Signature of employee _____ Date _____

Print Name and Title _____ Date _____

Home Phone _____ Work Phone _____

Telephone Number _____

