



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

KENTON COUNTY FISCAL COURT  
303 COURT ST RM 311  
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 \_\_\_\_\_
- 2) MAILING ADDRESS \_\_\_\_\_
- 3) CITY, STATE, ZIP \_\_\_\_\_
- 4) CITY OF RESIDENCE \_\_\_\_\_
- 5) CITY OF EMPLOYMENT \_\_\_\_\_
- 6) FEDERAL ID OR SSN# \_\_\_\_\_
- 7) REFUND YEAR \_\_\_\_\_
- 8) REFUND AMOUNT \_\_\_\_\_
- 9) EMPLOYER NAME (Employee Refunds Only) \_\_\_\_\_
- 10) EMPLOYER OR BUSINESS OCCUPATIONAL LICENSE# \_\_\_\_\_

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)**

- 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)

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

- 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 \_\_\_\_\_

14) Employee Withholding Excluded Earnings Worksheet

OFFICE USE ONLY

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A) Total days worked.

260

B) Enter number from Line 13a (Days actually worked outside Kenton County exclusive of vacation, sick days, holidays and Saturdays and Sundays not worked).

C) B divided by A.

%

%

D) Total Gross Compensation per W-2 (Attach copy).

E) Multiply C x D.

F) Taxable Income (Subtract D - E).

G) Enter Tax Rate from Schedule below.

H) Tax Liability (Multiply F x G).

I) Enter amount of tax withheld per W-2.

J) Refund due to taxpayer (Subtract I - H)

KENTON COUNTY AND CITIES', KENTUCKY OCCUPATIONAL LICENSE FEE  
EMPLOYEE WITHHOLDING RATE SCHEDULE

CITY OR COUNTY	<u>Withholding Rate</u>	<u>Wage Cap</u>
Bromley	.01	None
Crescent Springs	.01	None
Crestview Hills	.0115	FICA Cap
Edgewood	.01	None
Elsmere	.0125	None
Erlanger	.015	None
Fort Mitchell	.0125	None
Fort Wright	.0115	FICA Cap
Independence	.0125	None
Lakeside Park	.01	None
Ludlow	.015	None
Park Hills	.015	\$50,000
Ryland Heights	.01	None
Taylor Mill	.02	None
Villa Hills	.015	None
Kenton County (per employee)	.007097 Under \$25K	\$25,000
Kenton County (per employee)	.001097 Over \$25K	FICA CAP