

CITY OF WILMORE OCCUPATIONAL LICENSE FEE

APPLICATION FOR REFUND

MAIL THIS APPLICATION TO

THE CITY OF WILMORE

210 S. Lexington Ave., Wilmore, KY 40390

A COPY OF YOUR W2 IS REQUIRED

APPLICANT SOCIAL SECURITY NUMBER _____ EMPLOYED BY _____

NAME _____ EMPLOYER'S ADDRESS _____

ADDRESS _____

DAYTIME PHONE # _____ EMAIL _____

1. TOTAL GROSS COMPENSATION FOR THE YEAR _____
2. WAGES EARNED OUTSIDE OF WILMORE
(COMPLETE PAGES 2 & 3 OF THIS APPLICATION)..... _____
3. SUBJECT GROSS INCOME (LINE 1 MINUS LINE 2) _____
4. LICENSE FEE WITHHELD FOR WILMORE _____
5. LICENSE FEE RATE..... _____
6. LICENSE FEE DUE (MULTIPLY LINE 5 BY LINE 3)..... _____
7. AMOUNT TO BE REFUNDED (LINE 4 MINUS LINE 6)..... _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

The EMPLOYEE and EMPLOYER must provide a signature for the refund application to be processed.

EMPLOYER REPRESENTATIVE SIGNATURE

APPLICANT SIGNATURE

PRINTED NAME _____

DATE _____

TITLE _____

PHONE NUMBER _____

DATE _____

REQUEST FOR REFUND – PAGE 2

CALCULATION OF WAGES EARNED OUTSIDE OF THE CITY OF WILMORE

IMPORTANT: Failure to complete any or all parts of this application will delay the processing of your refund and may result in your refund application being returned to you.

Please note that this allocation is based upon actual working time. Therefore, you CANNOT calculate "Wages Earned Outside of the City of Wilmore" using commissions, mileage, etc.

PART I – GENERAL INFORMATION

State your name, social security number, job title, the period you were employed during the refund year and a brief explanation of all the facts and circumstances surrounding your request for a refund of the occupational license fee.

Name _____ Social Security # _____

Job Title _____ Period From ____/____/____ To ____/____/____

Total number of days/hours in period _____

Explanation of work performed outside of the City of Wilmore
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PART II – WAGES EARNED OUTSIDE OF THE CITY OF WILMORE

1. Enter the total number of days/hours in period from PART I _____

2. Subtract days/hours not worked:
 - A.) Saturdays and Sundays (not worked) _____
 - B.) Holidays (not worked) _____
 - C.) Sick days/hours (not worked) _____
 - D.) Vacation days/hours (not worked)..... _____Total days/hours not worked (add lines 2A – 2D)..... _____

3. Total days/hours worked on the job (subtract line 2 total from line 1)..... _____

4. Complete Part III, Columns (a) thru (c). Enter total days/hours worked outside of the City of Wilmore from Part III, Column (c), Grand Total..... _____

5. Divide Line 4 by Line 3. (carry result to 4 decimal places) Enter the result here..... _____

6. Enter the amount from Line 1 of the APPLICATION FOR REFUND – (Page 1) _____

7. Multiply Line 6 by Line 5. Enter the result here and on Line 2 of the APPLICATION FOR REFUND (Page 1)..... _____

