

## 2016 Form 211-65

## APPLICATION FOR REFUND FOR PERSONS 65 YEARS OR OVER

OFFICE USE ONLY	
ACCT#	
INITIALS	DATE

If your refund claim is for wages earned outside Fayette County or unreimbursed expenses, you must use Form 211-22.

APPLICANT'S SOCIAL SECURITY NO	_	
NAME	_ EMPLOYED BY	
ADDRESS	ADDRESS	
DAYTIME TELEPHONE NO. ()		
DATE OF BIRTH		
		FOR OFFICE USE ONLY
<sup>1</sup> <b>TOTAL 2016 GROSS COMPENSATION, BEFORE A</b> <b>DEDUCTIONS</b> Attach all W-2 (s), reporting all wages and local license		
<sup>2</sup> LICENSE FEE WITHHELD FOR THE URBAN COUN	TY GOVERNMENT	
<sup>3</sup> ENTER <i>\$68</i> OR AMOUNT OF WITHHOLDING- <i>WH</i>	ICHEVER IS LESS	
	* <b>PROCESSING WILL BEGIN</b> Please allo	AFTER MARCH 15, 2017 W 6-8 weeks for processing

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

## RETURN MUST

SIGNATURE OF INDIVIDUAL PREPARING RETURN

BE SIGNED

URN

DATE

## **2016 REFUND INSTRUCTIONS**

SIGNATURE OF APPLICANT

- Line 1: Enter the "Total Gross Compensation", the amount before any deductions, for 2014. This includes income from salaries, wages, bonuses, severance and/or termination pay, deferred compensations and/or pension plans, cafeteria plans, etc. and amounts received for approved leave including, but not limited to, vacation, sick or holiday pay. This is generally found in box 18 of the W-2 form.
- Line 2: Enter the actual amount of license fee withheld from your compensation for the year. **DO NOT** include amounts that were withheld for the Fayette County Public Schools.
- Line 3: Enter **\$68** or amount of withholding from Line 2 whichever is less. This is the amount of your refund.

Mail return to: Lexington-Fayette Urban County Government Division of Revenue P.O. Box 14058 Lexington KY 40512