



# 2017 Form 211-65

## APPLICATION FOR REFUND FOR PERSONS 65 YEARS OR OVER

OFFICE USE ONLY	
VCH#	_____
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 \_\_\_\_\_  
MONTH/DAY/YEAR

	FOR OFFICE USE ONLY
1 <b>TOTAL 2017 GROSS COMPENSATION, BEFORE ANY PRETAX DEDUCTIONS</b> Attach all W-2 (s), reporting all wages and local license fee withholding.....	
2 <b>LICENSE FEE WITHHELD FOR THE URBAN COUNTY GOVERNMENT.....</b>	
3 <b>ENTER \$68 OR AMOUNT OF WITHHOLDING- <i>WHICHEVER IS LESS</i>...</b>	

**\* PROCESSING WILL BEGIN AFTER MARCH 15, 2018 \***  
Please allow 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  
BE SIGNED**

SIGNATURE OF INDIVIDUAL PREPARING RETURN \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

### 2017 REFUND INSTRUCTIONS

- Line 1: Enter the "Total Gross Compensation", the amount before any deductions, for 2017. 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