



# 2018 Form 211-65

(Valid until Feb. 28, 2021)

## APPLICATION FOR REFUND FOR PERSONS 65 YEARS OR OVER

|                 |       |
|-----------------|-------|
| OFFICE USE ONLY |       |
| VCH#            | _____ |
| ACCT#           | _____ |
| INITIALS        | DATE  |

APPLICANT'S LAST 4 DIGITS OF SOCIAL SECURITY NO. AND DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

DAYTIME TELEPHONE NO. (\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
MONTH/DAY/YEAR

|                                                                                                                                                        | FOR OFFICE USE ONLY |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1 <b>TOTAL 2018 GROSS COMPENSATION, BEFORE ANY PRETAX DEDUCTIONS</b><br>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, 2019 \***  
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 \_\_\_\_\_

### 2018 REFUND INSTRUCTIONS

- Line 1: Enter the "Total Gross Compensation", the amount before any deductions, for 2018. 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