



2020 (Valid Until February 28, 2023)

Form 211-22

APPLICATION FOR REFUND

OFFICE USE ONLY	
VCH#	_____
% IN	_____
ACCT#	_____
INITIALS	DATE
INITIALS	DATE

******REFUND PROCESSING WILL BEGIN ON OR BEFORE MAY 15, 2021******
Please allow 10-12 weeks from that date for processing

APPLICANT'S SOCIAL SECURITY NO. _____ EMPLOYED BY _____

NAME _____ ADDRESS _____

ADDRESS _____

DAYTIME TELEPHONE NO. (____) _____ EMAIL ADDRESS _____

(INSTRUCTIONS ON BACK)

- TOTAL 2020 GROSS COMPENSATION, BEFORE ANY PRETAX DEDUCTIONS**
Attach W-2 (s) and any year end earnings summary statements reporting all wages and local license fee withholding.....
- WAGES EARNED OUTSIDE OF FAYETTE COUNTY...**(Complete Form 211-T)....
For all refunds other than age 65 or over you **must** complete **all** parts of Form 211-T...
- ADJUSTED GROSS COMPENSATION** (Deduct Line 2 from Line 1).....
- IF YOU ARE 65 OR OVER DEDUCT \$3,000.**(DATE OF BIRTH - ____ - ____ - ____).....
- COMPENSATION SUBJECT TO LICENSE FEE** (Deduct Line 4 from Line 3).....
- LICENSE FEE WITHHELD FOR THE URBAN COUNTY GOVERNMENT**.....
- LICENSE FEE DUE** (Multiply Line 5 by 2.25%).....
- AMOUNT TO BE REFUNDED** (Deduct Line 7 from Line 6).....

FOR OFFICE USE ONLY	

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 _____

AUTHORIZED EMPLOYER SIGNATURE CERTIFYING INFORMATION IS CORRECT _____ PRINTED NAME _____

TITLE _____ PHONE NUMBER _____ DATE _____

2020 REFUND INSTRUCTIONS



- ◆ The **Employee** and **Employer** must provide a signature for the refund application to be processed. The person signing this form for the Employer must be in a position of authority and must certify that the information provided on this statement is true and correct. **The applicant may not certify their own information.**
- ◆ Form 211-22, Application for Refund must be submitted with **original** signatures and dates. **No photocopied or emailed signatures will be accepted.** Also, W-2 forms submitted must show federal taxable, social security and medicare wages (not just local wages) and the 2.25% license fee withheld. **Also, attach a copy of any year end earnings summary statements.**
- ◆ Failure to complete any or all parts of Form 211-T will delay the processing of your refund and may result in your refund application being returned to you.

- ◆ "Total Gross Compensation" 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.

NOTE: If a refund is claimed for wages earned outside of Fayette County and the wages are from more than one employer, **a separate application must be completed for each employer.**

- ◆ For individuals 65 years of age and older, the first \$3,000.00 of compensation earned in a given year is exempt. The exemption is not for the \$3,000.00 of compensation received from **each employer** during a given year. To qualify for this exemption you must enter your date of birth in the space provided. Also, you must attach a copy of **all** Federal Form W-2s received for the year.
- ◆ If Line 8 is negative, this indicates any amount due. Contact this office for instructions on remitting the underpayment.

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

Phone: **(859)258-3340**

Email: **Revenue@lexingtonky.gov**

FORM 211-T

CALCULATION OF WAGES EARNED OUTSIDE OF FAYETTE COUNTY

IMPORTANT - Failure to complete any or all parts of Form 211-T 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 Fayette County" 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 license fee.

Name _____ Social Security # _____

Job Title _____ Period From ____/____/20 To ____/____/20

Total number of days/hours in period _____
(i.e. 1/1/20 to 12/31/20 = 366)

Explanation of work performed outside of Fayette County

PART II - Wages Earned Outside of Fayette County

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 thru 2d).....
3. Total days/hours worked on this job. (Subtract Line 2 "Total" from Line 1).....
4. Complete Part III, Columns (a) thru (c). Enter total days/hours worked outside of Fayette County, from PART III, Column (c), Grand Total.....
5. Divide Line 4 by Line 3. (Carry result to four decimal places.) Enter the result here.....
6. Enter the amount from Line 1 of Form 211-22, Application for Refund.....
7. Multiply Line 6 by Line 5. Enter the result here and on Line 2 of Form 211-22, Application for Refund

