



# 2021 Form 211-65

(Valid Until February 28, 2024)

|                  |          |
|------------------|----------|
| OFFICE USE ONLY  |          |
| SUPPLIER # _____ |          |
| VCH#             | 00 _____ |
| ACCT# _____      |          |
| INITIALS         | DATE     |

## APPLICATION FOR REFUND FOR PERSONS 65 YEARS OR OVER

APPLICANT'S SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ AND DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

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

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

|   |  | FOR OFFICE USE ONLY |
|---|--|---------------------|
| 1 | <b>TOTAL 2021 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 ON MAY 15, 2022** \*  
Please allow 10-12 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 \_\_\_\_\_

### 2021 REFUND INSTRUCTIONS

Line 1: Enter the "Total Gross Compensation", the amount before any deductions, for 2021. 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