

2022 Form 211-65

(Valid Until February 28, 2025)

APPLICATION FOR REFUND FOR PERSONS 65 YEARS OR OVER

OFFICE USE ONLY SUPPLIER #	
VCH#	
ACCT#	
INITIALS	DATE

				•
APPLICA	NT'S SOCIAL SECURITY NO	AND DATE OF BIRTH		
NAME		EMPLOYED BY		
ADDRESS	i <u> </u>	ADDRESS		
DAYTIME	TELEPHONE NO. ()	EMAIL		
				FOR OFFICE USE ONLY
DED	AL 2022 GROSS COMPENSATION, BEFORE ANY JCTIONS h all W-2 (s), reporting all wages and local license fo			
² LICE	NSE FEE WITHHELD FOR THE URBAN COUNTY	GOVERNMENT		
³ ENTI	ER $\$68$ OR AMOUNT OF WITHHOLDING- $WHIC$	HEVER IS LESS		
			Please allow 10-12 wee	BEGIN AFTER May 15, 2023 * sks from that date or postmark chever is later) for processing.
	CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN OF MY KNOWLEDGE. RETURN MUST	I ANY SUPPORTING SCHEE	DULES ARE TRUE, CO	RRECT AND COMPLETE TO
SIGNATU	BE SIGNED	SIGNATURE O	F APPLICANT	DATE
Line 1:	Enter the "Total Gross Compensation", the amount bef bonuses, severance and/or termination pay, deferred coreceived for approved leave including, but not limited to W. 2 form	ompensations and/or pensi-	on plans, cafeteria pla	ns, etc. and amounts

- Enter the actual amount of license fee withheld from your compensation for the year. DO NOT include amounts that were Line 2: 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