

## 2023 Form 211-65

(Valid Until February 28, 2026)

## **APPLICATION FOR REFUND** FOR PERSONS 65 YEARS OR OVER

OFFICE USE ON	LY
SUPPLIER#	
-	· · · · · · · · · · · · · · · · · · ·
VCH#	
V CI I#	
ACCT#	
ACC1#	
	·
INITIALS	DATE

APPLICANT'S SOCIAL SECURITY NO	AND DATE OF BIRTH	<u> </u>	
NAME	EMPLOYED BY		
ADDRESS	_ ADDRESS		
DAYTIME TELEPHONE NO. ()	EMAIL		
			FOR OFFICE USE ONLY
TOTAL 2023 GROSS COMPENSATION, BEFORE AN DEDUCTIONS Attach all W-2 (s), reporting all wages and local license			
<sup>2</sup> LICENSE FEE WITHHELD FOR THE URBAN COUNT	Y GOVERNMENT		
$^3$ ENTER $\$68$ OR AMOUNT OF WITHHOLDING- $WHI$	CHEVER IS LESS		
		Please allow 10-12 week	EGIN AFTER May 15, 2024 * ss from that date or postmark hever is later) for processing.
HEREBY <b>CERTIFY</b> THAT THE STATEMENTS MADE HEREIN AND ITHE BEST OF MY KNOWLEDGE.	N ANY SUPPORTING SCHEI	DULES ARE TRUE, COR	RECT AND COMPLETE TO
RETURN MUST BE SIGNED			
SIGNATURE OF INDIVIDUAL PREPARING RETURN	SIGNATURE O	F APPLICANT	DATE
2023 REFU	ND INSTRUCTIONS		
Line 1: Enter the "Total Gross Compensation", the amount be bonuses, severance and/or termination pay, deferred or			

- 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