

The Lexington-Fayette Urban County Government Charter provides that, the 2.25% Occupational License Fee applies to all individuals, employers and businesses in Fayette County. The rate is:

- (1) 2.25% of each individual's gross wages, salaries, commissions and other compensation (including deferred compensation and employee contributions to Cafeteria Plans under Section 125 of the IRC) paid to employees earned within Fayette County.
- (2) 2.25% of the net profits of every business from activities conducted within Fayette County.

Additional provisions of the Ordinance are:

- (1) Each employer must withhold 2.25% license fee from gross wages, salaries, commissions and other compensation (including deferred compensation and employee contributions to Cafeteria Plans under Section 125 of the IRC) paid to employees for services performed within Fayette County.
- (2) Each business becoming subject to the Ordinance must at the time obtain an Occupational License. The initial fee of \$100.00 must be paid at the time of registration. This minimum fee may be used as a credit on the annual Net Profits License Fee Return (Form No. 228) when it is filed after the close of your accounting period but it is not refundable.

The forms for required reporting are:

- (1) Form No. 220/221 must be used by employers to report license fee withheld from employees,
  - (a) when the total amount withheld is \$300.00 or more per quarter it must be submitted **monthly**,
  - (b) when the total amount withheld is less than \$300.00 per quarter it must be submitted **quarterly**.
- (2) Form No. 222 must be used by employers to report **annually** the name, address, social security number, compensation earned and license fee withheld of each employee.
- (3) Form No. 228 must be used by each business to report **annually** its net profits subject to the 2.25% license fee.

Each of the three forms listed will provide further detailed information and instructions.



# QUESTIONNAIRE AND INITIAL REPORTING

## FOR AN OCCUPATIONAL LICENSE FEE ACCOUNT



**LEXINGTON**

An **initial** fee of \$100.00 (make check payable to LFUCG) **must** be enclosed with the questionnaire when it is returned. NON-PROFIT organizations will not be required to make the \$100.00 initial payment nor file Form 228, Net Profit License Fee return, provided a copy of the federal letter of exemption is submitted to support the non-profit status. Section 13-13 of the Code of Ordinances provides for annual regulatory or minimum fees that are applicable to varied types of businesses NOT IN ADDITION TO but INSTEAD OF the above mentioned initial fee of \$100.00 This fee may be used as a credit on the annual Net Profit License Fee Return (Form 228) when it becomes due.

| OFFICE USE ONLY |  |         |
|-----------------|--|---------|
| Account #       |  |         |
|                 |  |         |
| Amount          | Regulated Business Type  |         |
| \$              |  |         |
| Business Code   | Payment Type   | FYE     |
|                 | <input type="checkbox"/> Cash <input type="checkbox"/> Credit  |         |
|                 | <input type="checkbox"/> Check <input type="checkbox"/> Online |         |
| Date Assigned   | Collector  | Req. By |
|                 |  |         |

Return to: Division of Revenue, P O Box 14058, Lexington, KY 40512

- 1) **Individual, Business, or Trade Name:** \_\_\_\_\_
- 2) **Doing Business As:** \_\_\_\_\_
- 3) **Local Business Address:** \_\_\_\_\_  
(No P O Boxes) \_\_\_\_\_ Zip Code \_\_\_\_\_
- 4) **Home or Coporate Address:** \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_
- 5) **Mailing Address For Forms if Different:** \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_
- Check if Mailing Address is to a tax preparer which is not an employee of your business. If so, you **must** complete Lines 2 and/or 3 above.
- 6) **E-mail Address:** \_\_\_\_\_
- 7) **Telephone Numbers:**                      **Business:** \_\_\_\_\_                      **Fax:** \_\_\_\_\_                      **Home:** \_\_\_\_\_
- 8) **Ownership:**     Sole Proprietor                       Partnership                       Corporation                       S Corporation  
 LLC/Sole Proprietor                       LLC/Partnership                       LLC/Corporation                       LLC/S Corporation  
 Non-Profit (attach federal exemption letter)                       Other
- 9) **Name of owner(s), partners, or corporate officers:** \_\_\_\_\_  
\_\_\_\_\_
- 10) **Social Security Number (Sole Proprietors Only):** \_\_\_\_\_                      **Federal ID #:** \_\_\_\_\_
- 11) **Nature of Business:** \_\_\_\_\_
- 12) **Date Business Started in Fayette County (MM/YYYY):** \_\_\_\_\_                      **Do you have employees?**  Yes                       No
- 13) **Is the business located in Lexington, properly zoned, and has a Certificate of Occupancy been obtained?**     Yes                       No  
If "NO" and located in Lexington, contact the Division of Building Inspection, 101 E. Vine St., 2nd Floor, Lexington, KY Telephone 859-258-3770
- 14) **Accounting period per federal income tax return?**     Calendar Year                       Fiscal Year (month/day) \_\_\_\_\_
- 15) **Do you have any other business entities in Fayette County?**                       Yes                       No  
If "YES", list the business name(s): \_\_\_\_\_

I certify that, to the best of my knowledge, the above information is true, accurate, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date