



APPLICATION FOR REFUND OCCUPATIONAL LICENSE FEE

OFFICE USE ONLY	
ACCT# _____	_____
INITIALS _____	DATE _____

You Must Attach A Copy Of All Federal Form W-2s Received For The Year

APPLICANT'S SOCIAL SECURITY NO. _____ EMPLOYED BY _____

SUPERVISOR'S NAME _____ ADDRESS _____

DAYTIME TELEPHONE NO. (_____) _____

State your name, social security number, job title, the period you were employed during the refund year and an explanation of all the facts and circumstances surrounding your request for a refund of the license fee.

APPLICANT'S NAME _____ JOB TITLE _____

ADDRESS _____

DAYTIME TELEPHONE NO. (_____) _____ EMAIL ADDRESS _____

PAY PERIODS: FROM ____/____/____ To ____/____/____

1. TOTAL GROSS COMPENSATION IN 20_____ (attach w-2's)	\$ _____
2. WAGES EARNED OUTSIDE OF SHELBY COUNTY	\$ _____
3. WAGES SUBJECT TO THE SHELBY CO. OCCUPATIONAL LICENSE FEE	\$ _____
	(Line 1 Less Line 2)
4. OCCUPATIONAL LICENSE FEE WITHHELD IN 20_____	\$ _____
5. TOTAL OCCUPATIONAL LICENSE FEE DUE (1% of Line 3).....	\$ _____
6. TOTAL AMOUNT TO BE RUFUNDED (Line 4 Less Line 5)	\$ _____

Additional explanation of refund request:

I HEREBY **CERTIFY** THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICATION MUST BE SIGNED

SIGNATURE OF APPLICANT

DATE

**Mail Completed Application to:
Shelby County
Occupational License Office
419 Washington Street
Shelbyville, KY 40065**