

WOODFORD COUNTY
APPLICATION FOR A REFUND OF WITHHOLDING TAX PAID
 Email questions to tax@woodfordcountky.gov

APPLICANT'S SOCIAL SECURITY NUMBER: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EMPLOYER'S NAME: _____

ADDRESS: _____

PHONE: _____

IN ORDER FOR THIS REQUEST TO BE PROCESSED, BOTH THE EMPLOYER AND EMPLOYEE MUST SIGN THE APPLICATION.

1. TOTAL GROSS COMPENSATION, BEFORE ANY PRETAX DEDUCTIONS.
Attach W-2 and any year end earnings summary statements reporting all wages and local license fee withholding.
2. Job related expenses
3. BALANCE (Subtract Line 2 from Line 1)
4. Wages earned outside of Woodford County.
Attach a letter from the employer stating the location and the amount of time worked outside of Versailles.
5. Adjusted Gross Compensation Subject to License Fee (Subtract Line 4 from Line 3)
6. License Fee Withheld for Woodford County
7. License Fee Due (Multiply Line 5 by 1.50%)
8. AMOUNT TO BE REFUNDED (Subtract Line 7 from Line 6)

	FOR OFFICE USE

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

SIGNATURE OF INDIVIDUAL PREPARING RETURN

SIGNATURE OF APPLICANT

EMPLOYER SIGNATURE CERTIFYING INFORMATION IS CORRECT

EMPLOYER NAME - PRINTED

FORM MUST BE SIGNED FOR CONSIDERATION
REMEMBER TO ATTACH THE COMPLETED CALCULATION FORM!