

**FAYETTE COUNTY PUBLIC SCHOOLS  
CLAIM FOR REFUND OF OVERPAYMENT  
OCCUPATIONAL LICENSE TAX WITHHELD FOR SCHOOLS**

(Please print or type name, address and Social Security Number in block below.)

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer's name \_\_\_\_\_ Account # \_\_\_\_\_

Employer's address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**TAX YEAR** \_\_\_\_\_

1. Total employee compensation \_\_\_\_\_  
(Total wages prior to taxsheltered deductions)

2. Compensation not subject to tax\* \_\_\_\_\_

3. Compensation subject to tax \_\_\_\_\_  
(Line 1 less line 2)

4. Occupational license tax withheld \_\_\_\_\_

5. Total occupational license tax due. \_\_\_\_\_  
(Multiply line 3 by .005)

6. Amount of overpayment to be refunded. \_\_\_\_\_  
(Line 4 less line 5)

**\*An explanation including specific dates and places worked outside Fayette County is required, along with a copy of Form W-2 for that tax year. Claims omitting this information will be returned and not processed.**

Use this form to request a refund of overpayment of the occupational license tax withheld for the Fayette County Public Schools only.

**MAIL TO: Tax Collection Office  
Fayette County Public Schools  
701 East Main St.  
Lexington, KY 40502-1 699.**

I hereby certify that the statement made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_