CITY OF LYNDON

Ph: 502-423-0932   web: cityoflyndon.org   e-mail: revenue@cityoflyndon.org

_____

APPLICATION FOR EMPLOYEE ANNUAL REFUND OF OCCUPATIONAL TAXES WITHHELD

Return to: *City of Lyndon*
Attn: Revenue
515 Wood Rd.
Lyndon, KY 40222

Part 1 (Please Print)

Employer's Name: _____

Employer's Federal ID Number: _____

Employer's Lyndon License Number _____

Part 2

Refund requested for Year: _____   Employee's SSN Number _____

Employee's Names: _____   Phone: _____

Employee Address: _____

City, State and Zip Code: _____

Employee's Job Title/Description: _____

Part 3 (Complete this section to request a refund for work performed outside of Lyndon.)

Select Applicable Quarters Involved in Overpayment:

1st (Jan – March) 2nd (April – June) 3rd (July – Sept) 4th (Oct – Dec)

Line 1 _____ Number of hours worked outside of Lyndon

Line 2 _____ Total number of hours worked (excluding holiday, vacation and sick days)

Line 3 _____ Percentage of time worked outside of Lyndon (divide Line 1 by Line 2)

(Note: Must be more than 5% (104 hours) to claim a refund)

Line 4 _____ Total Gross Wages (including deferred compensation) per W2 Form

Line 5 _____ Total Wages Earned Outside Lyndon (Multiply Line 3 by Line 4)

Line 6 _____ Local Taxable Wages (Line 4 minus Line 5)

Line 7 _____ Occupational Tax Due (Multiply line 6 by applicable tax rate .01) ***refunds issued annually***

Line 8 _____ Amount of Tax Withheld per W2 Form or Year to Date Payroll Check Stub (copy required)

Line 9 _____ Amount of Annual Refund Requested (subtract Line 7 from Line 8)

Part 4 (Certification)

I hereby certify that the above information is true and correct.

Employee Signature: _____   Date: _____

Corporate office Signature: _____   Date: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

By: _____

My Commissioner Expires: _____

Notary ID Number _____

Notary Public, State at Large, _____

All refund checks are mailed to the street address provided in Part 2.

A copy of your W2 or year to date payroll check copy must be submitted with this application.

Statements for out-of-town work should be taken from daily logs or calendar/schedules that this agency reserves the right to audit in case of discrepancies.

Notice: If an employer did not remit the taxes and/or quarterly employee withholding tax return from the period(s) of the refund, the City of Lyndon will notify you that no refund is forthcoming due to your employer's failure to remit payment of taxes and/or failure to file the quarterly employee withholding tax return. Contact your employer to resolve the issue.

General Instructions for Withholding Tax Refund

It is imperative that the refund application is completed as required. Incomplete applications are returned to the applicant, delaying the refund.

There is a one-year statute of limitations for a refund request submitted to the City of Lyndon. The refund request needs a postmark within one year from the due date of the Annual Reconciliation form and W2 data. The Annual reconciliation and W2 data is due before January 31 annually.

General Information:

The application needs signatures from both the employee and the employer, verifying that all of the information on the document is correct. Refund checks are mailed directly to the employee at the address provided on the application. If takes approximately six to eight weeks to process all refund requests.

Required Information Needed for the Refund Request:
- Separate application for each employee
- Copy of W2 issued for each year involved (if the W2 is not available, a copy of the last paycheck stub with the year to day totals will suffice.) Verify the current year withholdings – a computer printout from the payroll office will suffice.
- Signed by employee and employer.

Certification Signature

The person signing the form for the employer must be in a position of authority (corporate officer, chief accountant or head of payroll) and must certify that the information provided on the state is true and correct. All signatures must be notarized.