



# CITY OF LYNDON

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## 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:

1<sup>st</sup> (Jan – March)      2<sup>nd</sup> (April – June)      3<sup>rd</sup> (July – Sept)      4<sup>th</sup> (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: For 2024 the rate is

1%, otherwise the rate is .75%) **refunds issued annually**

August 2023

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 two-year statute of limitations** for a refund request submitted to the City of Lyndon. The refund request needs a postmark within two years 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. It 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.