



# 2017

## Form RF100

# APPLICATION FOR REFUND

**Mail return to:** Georgetown-Scott County  
 Revenue Commission  
 P.O. Box 800  
 Georgetown, KY 40324

APPLICANT'S SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME TELEPHONE NO. (\_\_\_\_\_) \_\_\_\_\_

	(INSTRUCTIONS ON BACK)	City of Georgetown	Scott County	Scott County Schools
1.	<b>TOTAL 2017 GROSS COMPENSATION, BEFORE ANY PRETAX DEDUCTIONS</b> -- Attach W-2 (s) <u>and</u> any year end earnings summary statements reporting all wages and local license fee withholding.....			
2.	<b>WAGES EARNED OUTSIDE OF THE JURISDICTION</b> ...(Complete Form RF100-T)..For all refunds other than age 65 or over you <b>must</b> complete all of Form RF100-T.....			
3.	<b>ADJUSTED GROSS COMPENSATION</b> ...(Line 1 less Line 2).....			
4.	<b>IF YOU ARE 65 OR OVER DEDUCT \$10,000</b> .....  .....(DATE OF BIRTH - MONTH - DAY - YEAR).....			
5.	<b>COMPENSATION SUBJECT TO LICENSE TAX</b> (Deduct Line 4 from Line 3).....			
6.	<b>LICENSE TAX WITHHELD FOR THE JURISDICTION</b> .....			
7.	<b>LICENSE TAX RATE</b> .....	<b>1%</b>	<b>1%</b>	<b>.5%</b>
8.	<b>LICENSE TAX DUE</b> (Multiply Line 5 by Line 7).....			
9.	<b>AMOUNT TO BE REFUNDED</b> (Deduct Line 8 from Line 6).....			

Please allow 6-8 weeks for processing.

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

**RETURN MUST  
BE SIGNED**

SIGNATURE OF INDIVIDUAL PREPARING RETURN \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Wages and License Tax verified by - \_\_\_\_\_

DATE \_\_\_\_\_

Telephone # \_\_\_\_\_

**NOTICE:** If an employer did not remit the taxes and/or quarterly employee withholding tax return for the period(s) of the refund, the Georgetown/Scott County Revenue Commission will notify you that no refund will be issued due to your employer's failure to remit payment of taxes and/or failure to file quarterly employee withholding.

# 2017 REFUND INSTRUCTIONS

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

- Form RF100, Application for Refund must be submitted with an original signature and dated. No photocopied signatures will be accepted. Also, W-2 forms submitted must show federal taxable, social security and medicare wages (not just local wages) and the license tax withheld for each separate jurisdiction. Also, attach a copy of any year end earnings summary statements.
- The due date for employer payroll information is March 1, 2018. Therefore, to allow adequate verification of payroll amounts, ***refund processing will begin after March 15, 2018.*** Please allow 6-8 weeks for processing.
- Failure to complete any or all parts of Form RF100-T will delay the processing of your refund and may result in your refund application being returned to you.

Line 1: Enter the "Total Gross Compensation", the amount before any deductions, for 2017. This includes income from salaries, wages, bonuses, severance and/or termination pay, deferred compensations and/or pension plans, cafeteria plans, etc. and amounts received for approved leave including, but not limited to, vacation, sick or holiday pay.

NOTE: If a refund is claimed for wages earned outside of the Jurisdiction and the wages are from more than one employer, **a separate application must be completed for each employer.**

Line 2: Enter the amount from Form RF100, Calculation of Wages Earned Outside of the Jurisdiction, PART II, Line 7.

Line 3: Deduct Line 2 from Line 1. Enter the result on Line 3.

Line 4: Individuals 65 years of age and older, enter \$10,000.00 for City and County only. All others enter zero. Please note this exemption is for the first \$10,000.00 of compensation earned in a given year. It is not for the \$10,000.00 of compensation received from each employer during a given year. To qualify for this exemption you must enter your date of birth in the space provided. Also, you must attach a copy of all Federal Form W-2s received for the year.

Line 5: Deduct Line 4 from Line 3. Enter the result on Line 5.

Line 6: Enter the actual amount of license fee withheld from your compensation for the year.

Line 8: Multiply Line 5 by the license fee rate on Line 7. Enter the result on Line 8.

Line 9: Deduct Line 8 from Line 6. Enter the result on Line 9. This is the amount of your refund.

# FORM RF100-T

## CALCULATION OF WAGES EARNED OUTSIDE OF THE JURISDICTION

**IMPORTANT - Failure to complete any or all parts of Form RF100-T will delay the processing of your refund and may result in your refund application being returned to you.**

**Please note that this allocation is based upon actual working time. Therefore, you CANNOT calculate “Wages Earned Outside of the Jurisdiction” using commissions, mileage, etc.**

### PART I - General Information

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

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Job Title \_\_\_\_\_

Period From \_\_\_\_/\_\_\_\_/16 To \_\_\_\_/\_\_\_\_/16

Total number of days/hours in period \_\_\_\_\_  
(i.e. 1/1/17 to 12/31/17 = 365)

Explanation

### PART II - Wages Earned Outside of the Jurisdiction

1. Enter the “Total number of days/hours in period” from PART I.....
2. Subtract days/hours not worked:
  - a) Saturdays and Sundays (*not worked*).....
  - b) Holidays (*not worked*).....
  - c) Sick days/hours (*not worked*).....
  - d) Vacation days/hours (*not worked*) .....Total days/hours not worked (Add Lines 2a thru 2d).....
3. Total days/hours worked on this job. (Subtract Line 2 “Total” from Line 1).....
4. Complete Part III, Columns (a) thru (c). Enter total days/hours worked outside of the Jurisdiction, from PART III, Column (c), Grand Total.....
5. Divide Line 4 by Line 3. (Carry result to four decimal places.) Enter the result here.....
6. Enter the amount from Line 1 of Form RF100, Application for Refund.....  \$
7. Multiply Line 6 by Line 5. Enter the result here and on Line 2 of Form RF100, Application for Refund .....  \$

