

**City of Bardstown
Request for Refund
Overpayment of Occupational License Fee**

**Mail Refund Request to:
City of Bardstown, OLF Refund
220 N. 5th St., Bardstown, KY 40004**

The undersigned hereby requests a refund of excess Occupational License Fees paid or withheld from pay by an employer or multiple employers.

Name: _____

Address: _____ Phone #: () _____ - _____

Social Security #: _____ - _____ - _____ Requested Refund Amount: \$ _____

Describe the reason you are due a refund:

Company Payroll Contact Information

Name: _____

Phone: _____

Email: _____

Attach copies of Form(s) W-2

I hereby certify that the statements made herein and any supporting documents are true, correct, and complete.

Signature

Date

Refunds will be mailed within 30 days after receipt of refund request and verification of overpayment.

Request verified, refund check requested by _____

Amount Verified _____

Check # _____

Date: _____

Approved by _____

G/L # _____