



The Lexington-Fayette Urban County Government Charter provides that, the 2.25% Occupational License Fee applies to all individuals, employers and businesses in Fayette County. The rate is:

- (1) 2.25% of each individual's gross wages, salaries, commissions and other compensation (including deferred compensation and employee contributions to Cafeteria Plans under Section 125 of the IRC) paid to employees earned within Fayette County.
- (2) 2.25% of the net profits of every business from activities conducted within Fayette County.

Additional provisions of the Ordinance are:

- (1) Each employer must withhold 2.25% license fee from gross wages, salaries, commissions and other compensation (including deferred compensation and employee contributions to Cafeteria Plans under Section 125 of the IRC) paid to employees for services performed within Fayette County.
- (2) Each business becoming subject to the Ordinance must at the time obtain an Occupational License. The initial fee of \$100.00 must be paid at the time of registration. This minimum fee may be used as a credit on the annual Net Profits License Fee Return (Form No. 228) when it is filed after the close of your accounting period but it is not refundable.

The forms for required reporting are:

- (1) Form No. 220/221 must be used by employers to report license fee withheld from employees,
 - (a) when the total amount withheld is \$300.00 or more per quarter it must be submitted **monthly**,
 - (b) when the total amount withheld is less than \$300.00 per quarter it must be submitted **quarterly**.
- (2) Form No. 222 must be used by employers to report **annually** the name, address, social security number, compensation earned and license fee withheld of each employee.
- (3) Form No. 228 must be used by each business to report **annually** its net profits subject to the 2.25% license fee.

Each of the three forms listed will provide further detailed information and instructions.



QUESTIONNAIRE AND INITIAL REPORTING

FOR AN OCCUPATIONAL LICENSE FEE ACCOUNT



LEXINGTON

An **initial** fee of \$100.00 (make check payable to LFUCG) **must** be enclosed with the questionnaire when it is returned. NON-PROFIT organizations will not be required to make the \$100.00 initial payment nor file Form 228, Net Profit License Fee return, provided a copy of the federal letter of exemption is submitted to support the non-profit status. Section 13-13 of the Code of Ordinances provides for annual regulatory or minimum fees that are applicable to varied types of businesses NOT IN ADDITION TO but INSTEAD OF the above mentioned initial fee of \$100.00 This fee may be used as a credit on the annual Net Profit License Fee Return (Form 228) when it becomes due.

OFFICE USE ONLY		
Account #		
Amount	Regulated Business Type	
\$		
Business Code	Payment Type	FYE
	<input type="checkbox"/> Cash <input type="checkbox"/> Credit	
	<input type="checkbox"/> Check <input type="checkbox"/> Online	
Date Assigned	Collector	Req. By

Return to: Division of Revenue, P O Box 14058, Lexington, KY 40512

1) **Individual, Business, or Trade Name:** _____

2) **Doing Business As:** _____

3) **Local Business Address:** _____
(No P O Boxes) _____ Zip Code _____

4) **Home or Corporate Address:** _____
_____ Zip Code _____

5) **Mailing Address For Forms if Different:** _____
_____ Zip Code _____

☐ Check if Mailing Address is to a tax preparer which is not an employee of your business. If so, you **must** complete Lines 2 and/or 3 above.

6) **E-mail Address:** _____

7) **Telephone Numbers:** Business: _____ Fax: _____ Home: _____

8) **Ownership:** ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ S Corporation
☐ LLC/Sole Proprietor ☐ LLC/Partnership ☐ LLC/Corporation ☐ LLC/S Corporation
☐ Non-Profit (attach federal exemption letter) ☐ Other

9) **Name of owner(s), partners, or corporate officers:** _____

10) **Social Security Number (Sole Proprietors Only):** _____ **Federal ID #:** _____

11) **Nature of Business:** _____

12) **Date Business Started in Fayette County (MM/YYYY):** _____ **Do you have employees?** ☐ Yes ☐ No

13) **Is the business located in Lexington, properly zoned, and has a Certificate of Occupancy been obtained?** ☐ Yes ☐ No
If "NO" and located in Lexington, contact the Division of Building Inspection, 101 E. Vine St., 2nd Floor, Lexington, KY Telephone 859-258-3770

14) **Accounting period per federal income tax return?** ☐ Calendar Year ☐ Fiscal Year (month/day) _____

15) **Do you have any other business entities in Fayette County?** ☐ Yes ☐ No
If "YES", list the business name(s): _____

I certify that, to the best of my knowledge, the above information is true, accurate, and complete.

Signature

Title

Date