

**MOUNT VERNON DIVISION OF INCOME TAX
CLAIM FOR REFUND**

File original with the Income Tax Division
3 North Gay Street, Mount Vernon OH 43050

Date Posted _____

Approved By _____

This form must cover one calendar year only and Form W-2 must be attached.

1. Name of applicant _____ Phone _____
2. Present Address _____
City _____ State _____ Zip _____
3. Soc. Sec. No _____ City of Employment _____
4. Withholding Account No _____ (See Instructions for Line 4.)
5. In the amount of \$ _____ (Form W-2 must be attached)
6. While in the employ of _____
7. For the period (dates) _____
8. Resident address for this period _____
9. Reason (explain fully and attach schedule of dates and locations worked out) _____

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM.

DATE _____ SIGNED _____

The amount of this refund is being reported to the Internal Revenue Service as required by law. Also, if you live within the city limits of a municipality that has an income tax this amount will be reported to them.

CERTIFICATION OF EMPLOYER

I/We hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that during said period \$ _____ was withheld from the earnings paid said employee; that the total amount of \$ _____ was withheld for the year _____; that said employee was not during the period claimed above, working inside corporate limits of the City of Mount Vernon; that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the City of Mount Vernon.

(Name of Employer) By: _____

Date _____ Title _____

Phone _____

(SEE INSTRUCTIONS ON REVERSE SIDE)

GENERAL INSTRUCTIONS

(A) BY WHOM THIS CLAIM FORM IS TO BE USED.

1. A non-resident who performs no service within the corporate limits of the City of Mount Vernon and whose Mount Vernon Income tax has been withheld by his employer.
2. An employer who has remitted to the City of Mount Vernon In error, Mount Vernon Income tax withheld from his employees.

(B) This claim must set forth in detail each ground upon which it is made, and facts sufficient to apprise the Income Tax Division of the exact basis thereof.

(C) In the case of an employee, claimant's copy of Form W-2 must be attached. This will be returned with refund check if so indicated.

(D) A claim for refund due to being under 18 years of age, MUST be accompanied by a notarized statement of either parent giving exact birth date of claim , or a copy of his birth certificate or driver's license shown.

(E) The working year consists of 260 days (Saturday and Sunday are not considered working days); Sick, vacation and holiday pay should be prorated in same portion as time worked in and time worked out of Mount Vernon.

(F) Certification of employer must be completed by him or his authorized officer or agent.

(G) An employer applying for refund of Mount Vernon Income tax paid in error in excess of the amount of tax withheld by him, must file an amended Form W-1 showing accurate figures for the quarter so affected.

INSTRUCTIONS FOR COMPLETING CLAIM FORM

Line 1. Print full name (Do not use initials).

Line 2. Give present full address including city and zip number.

Line 3. Clearly show social security number, clock number, and department number.

Line 4. To be used by EMPLOYERS ONLY who are applying for refund of withheld Mount Vernon Income tax remitted to the City of Mount Vernon In error.

Line 5. Amount of refund applied for.

Line 6. Give full name of employer during period covered by this claim.

Line 7. State the period by dates that this claim covers within a calendar year. A separate claim must be filed for each year involved.

Line 8. Show resident address for period of time covered by this claim.

Line 9. Explain fully and concisely why Mount Vernon Income tax should be refunded. ATTACH SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE THE CITY OF MOUNT VERNON and any other pertinent information if the space provided is insufficient.

IF ALL INSTRUCTIONS ARE NOT FOLLOWED, CLAIM WILL NOT BE APPROVED AND WILL BE RETURNED.