NON-RESIDENT REFUND REQUEST FORM

TAX YEAR _____

Separate Form Needed For Each Employer and/or Year

PO Box 385, Marysville, OH 43040-0385
Tel: (937) 645-7350
Fax: (937) 645-7353
Email: incometax@marysvilleohio.org

Name of Applicant: _____ Account or Social Security No.:_____
Current Mailing Address: _____

Pursuant to ORC §718.19(B)(2), any denial of this refund request will require an assessment to be issued by the income tax office. Please select preferred delivery method:

☐ Regular mail to above mailing address; or ☐ e-mail to: _____

Name of Employer: _____
(W2 showing Marysville withholdings must to attached to form.)

Physical address where the work was performed: _____
Date employment began: _____ Date employment ended (if applicable): _____
Reason for Refund: _____

Under penalties of perjury I hereby certify that the information provided herein is true, correct and complete to the best of my knowledge and belief.

_____ _____ _____
Claimant (Typed signatures are not accepted) Date Phone

We will calculate and issue a refund based on the information provided.
Payment will be made within 90 days of receipt of the completed refund request. Refund request form is not considered complete until all necessary documents have been received. Refunds are permitted only when municipal income tax has actually been paid by your employer to the City of Marysville. Employer must either fill out the certification at the bottom of this form or provide the same information on separate company letterhead.

CERTIFICATION BY EMPLOYER (FOR EMPLOYER USE ONLY)

I _____(Print Name) hereby certify that I am an authorized personnel of _____ (Employer) and that the above employee was employed by our company in the year _____. I have reviewed the above employee's employment records and have determined that all information is correct as stated:

Principal Place of Work: _____
(Principal place of work is a fixed location in Ohio to which the employee is required to report for duty on a regular and ordinary basis. A fixed location means a permanent place of doing business in this state such as an office, warehouse, storefront, or similar location owned or controlled by an employer.)

Number of days employee worked at principal place of work: _____
Wages (Medicare wages) earned while at this address: $_____
*If more then one work site please attach log of employment.

I certify that the amount of tax withheld for the City of Marysville has not already been refunded directly to the employee.

_____ _____
Authorized Personnel Signature and Title Date

_____ _____
Direct Phone # FEIN #

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(To be completed by Marysville Income Tax Division)

PO Box 385, Marysville, OH 43040-0385
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Total percentage of time taxable to Marysville: _____%

a. Salary $_____* _____% = (A) _____ Taxable Marysville City Wages

b. (A) Marysville Taxable Wages $_____ * 1.5% = _____ (B) Tax Due

c. Marysville City Income Tax Withheld: _____

- (B) Tax Due: _____

= Refund Due to Taxpayer _____ (enter this amount on line d)

d. Refund in the Amount of $_____.

Date:_____City of Marysville Employee Initials:_____