REFUND REQUEST FORM

TAX YEAR _____

CITY / VILLAGE _____

Department of Taxation
106 E Spring Street
St. Marys, Ohio 45885
419-300-3198

Part A: (To be completed by Taxpayer)

Name of Applicant: _____ Social Security No. _____

Current Address: _____

Street Address During Claim Period: _____

Beginning and ending dates of residency at above address: From: _____ To: _____

Name of City of where you actually performed services for your employer: _____

Employer's Name: _____ Employer's Mailing Address_____

Computation of amount claimed:

A) Box 5 wages as reported on W2 (W2 must be attached) ……... $ _____
B) Subtract nontaxable wages (From Line B computation on back) ……... ($ _____)
C) Total taxable income (Line A minus Line B) …… $ _____
D) Tax due, Line C multiplied by ___% (See tax rates on back) ……...$ _____
E) Subtract tax withheld as shown on attached W2 …… ($_____)
F) Amount of refund claimed ……..$_____

Explanation of Refund:

_____
_____
_____

I authorize the department of taxation to furnish the tax department for my city of residence of employment, a copy of this refund request. The undersigned declares that all information given is true and complete to the best of his/her knowledge and belief, and that a refund has not been claimed or received by him/her for the period covered by this claim.

Signed_____ Date: _____

Part B: Certification of Employer (Must be completed by employer only)

I verify that during the tax year ____, my company withheld $_____ City tax in excess of his/her liability. The statements made above and any log attached has been reviewed by myself and found to be in keeping with my company's records. I also verify that no portion of said tax has been or will be refunded directly to the employee from my company and that no adjustments have been or will be made to my company's tax withholding account for said tax.

Signed: _____ Title: _____ Date: _____

Refund Request Form – General Instructions

Who should file this form? Individuals claiming a refund of city tax withheld in excess of their liability. If a refund is claimed for tax withheld by more than employer, a separate refund request form must be completed for each employer. All forms must be submitted together.

Designations: The tax year and the city or village for which the tax was withheld must be stated in the spaces provided.

Tax Rates

Botkins	1.50%	New Knoxville	1.50%
Chickasaw	1.00%	North Star	0.50%
Covington	1.50%	Osgood	1.00%
Cridersville	1.50%	Russia	1.50%
Ft. Loramie	1.50%	St. Marys	1.50%
Lakeview	1.00%	Versailles	1.50%
Minster	1.50%	Yorkshire	1.00%
New Bremen	1.50%		

Computation of amount claimed: (Note: This section applies only to those taxpayers who are filing for a refund based on the fact that they worked outside of the taxing jurisdiction for which tax was withheld.) The work year consists of approximately 260 days (Saturdays and Sundays are not considered as work days). You must determine the number of week days, (Monday, Tuesday, Wednesday, Thursday and Fridays), that are included in the calendar year for which you are filing for a refund. Enter the total under “Number of Work Days”. Next, total the number of Vacation Days, Holidays, Sick Days, Personal days, etc. during the same calendar year which you received compensation. Subtract this total from “Number of Work Days”. This will give your “Total Available Work Days”. (Note: If you did not work for the employer the entire calendar year, you must adjust the days to your specific time period.)

Total number of days worked out of town, (this figure will not include holidays, vacations, sick days, etc.), and state the number under “Less Days Worked Out of Town”. A log showing dates and locations must be attached to document this number. Subtract this figure from “Total available Work Days”. This figure represents your “Days On The Job In City/Village Of _____”.

Number of Work Days	_____
Less: Vacation Days	_____
Less: Sick Days	_____
Less: Holidays	_____
Less Personal Days:	_____
Total Available Work Days	_____

(A) Total Available Work Days	_____
(B) Less: Days Worked Out of Town	_____
Days on Job in City/Village of_____	_____

Line B Computation is obtained by dividing (B) by (A) and then multiply this figure by your gross wages as it appears on your W2.

Explanation of Refund: A brief but complete explanation is required concerning the reason for the overpayment to be refunded.

Part Year Residents: Taxable wages will be determined by a statement from the employer or paystub which shows year to date gross wages as of the fate that the employee moved. Prorated wages based on calendar year will not be accepted.

Underage Taxpayers: A copy of your drivers license or birth certificate is required.

Signature: Required for all refunds

Part B: Certification of Employer: Required for all refunds.