Village of Granville Income Tax Department

FOR TAX OFFICE USE:

REFUND CLAIM FORM

Granville Income Tax Department
141 E Broadway
PO Box 514
Granville, OH 43023

SEE INSTRUCTIONS ON REVERSIDE SIDE FOR INFORMATION TO BE SUBMITTED WITH YOUR CLAIM FOR REFUND

Completed forms can be mailed to the address above, emailed to: tax@granville.oh.us or faxed to 740-587-0128

1. Name of Applicant: _____
2. Present Address: _____
3. Social Security Number: _____ City of Employment: _____
4. Federal ID Number: _____ (Employers only)

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF GRANVILLE VILLAGE TAX

5. In the amount of $_____
6. While in the employ of (name & address where worked performed): _____
7. For the Period (dates) From: _____ To: _____
8. Resident address for this period: _____
9. Reason For Refund: (fully explain and attach schedule of dates and locations worked out if applicable) _____

_____

_____

THE UNDERSIGNED FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED. TAXPAYER ALSO UNDERSTANDS THIS INFORMATION MAY BE RELEASED TO TAX ADMINISTRATION OF THE CITY OF RESIDENCE AND THE IRS.

Date _____ Signature _____ Phone _____

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 the total amount of $_____ was withheld for the year _____; that said employee, during the period claimed above, worked inside the corporation limits of the Village _____ days (maximum of 260); 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 on behalf of or refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the Village of Granville.

_____ By: _____
Name of Employer Signature of Officer

Date_____ Federal ID # _____ Title _____ Phone_____

NOTICE:

- This refund may result in an amendment of Federal, State or resident city tax returns.
- Refunds of $10.00 or more are reported to the IRS.
- Please allow 90 days for the processing of your refund request.
- Incomplete claims or refunds of less than $10.00 will NOT be processed.
- All refunds issued by the Village will be reported to the resident city

SEE INSTRUCTIONS ON REVERSE SIDE

GENERAL INSTRUCTIONS

A. WHO SHOULD FILE THIS CLAIM:

1. A non-resident who performs less than 100% service within the corporation limits of the city indicated and whose village income tax has been withheld by his employer.

2. An employer who has remitted to the Village of Granville in error, 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. Claimant should use W-2 copy provided for local or city taxes since W-2 form will not be returned.

D. 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 proportion as time worked out of the city indicated. (260 minus sick, vacation and holidays equals days worked. Total wages divided by days worked equals wages per day. This, times days worked outside city limits, equals non-liability).

E. **Certification of employer must be completed by the employer or their authorized officer or agent.**

F. An employer applying for refund of city income tax paid in error in excess of the amount of tax withheld by him, must file an amended withholding form showing accurate figures for the quarter so affected.

INSTRUCTIONS FOR COMPLETING CLAIM FORM

Line 1: Print full name (first name, last name and middle initial).

Line 2: Print current full address including city, state, and zip.

Line 3. Clearly show social security number and city where you worked.

Line 4. To be used by EMPLOYERS ONLY who are applying for refund of withheld income tax remitted to the Village of Granville in error.

Lin 5: Amount of refund applied for.

Line 6. Give full name of employer and address where physically employed 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 the claim.

Line 9: Explain fully and concisely why Village income tax should be refunded.

THE FOLLOWING DOCUMENTATION MUST ACCOMANY YOUR CLAIM FOR REFUND FORM:

- **YOUR W-2 FORM**
- **A SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE THE VILLAGE**
- **A COPY OF YOUR TELEWORK AGREEMENT WITH YOUR EMPLOYER OR THE EMPLOYER'S TELEWORK POLICY**

REFUND CLAIMS WITHOUT COMPLETE DOCUMENTATION WILL NOT BE PROCESSED

REFUND REQUESTS WILL NOT BE HONORED beyond three years from the date of the taxes were due.