

APPLICATION FOR MUNICIPAL INCOME TAX REFUND

VILLAGE OF NEW BOSTON
3980 RHODES AVENUE
NEW BOSTON, OH 45662
740-456-4103
www.newbostonvillage.com

Taxpayer's Name	Social Security Number
Address	
City, State and Zip	Tax Year of Claim

1. Name of Employer _____
2. Amount of income exempt from tax (see reason below) \$ _____
3. Amount of gross refund claimed. \$ _____

CHECK BLOCK BELOW TO INDICATE REASON FOR CLAIM AND ATTACH ALL REQUIRED DOCUMENTATION

- a. ☐ UNDER 18. Attach W-2 and proof of birthdate.
- b. ☐ DAYS WORKED OUTSIDE OF THE VILLAGE OF NEW BOSTON – (Nonresidents only)
Attach a list by date: (Beginning and ending date) for:
1) Days worked out the Village of New Boston
2) Places where services were performed
3) Duties performed
- c. ☐ TAXES PAID TO THE VILLAGE OF NEW BOSTON BUT OWED TO ANOTHER CITY
(you must attach a copy of the return showing taxes paid to that city)

EMPLOYER'S CERTIFICATION – (To be Completed by employee)

I/We verify that during 20__ I/We withheld Village of New Boston income tax from the above named employee in excess of his liability for the tax based on the following computations.

COMPUTATION OF OVERPAYMENT

- A. Salaries, wages, etc., Paid \$ _____ on which village of New Boston tax withheld was \$ _____
Income earned in the Village of New Boston \$ _____ Subject to City Tax _____
Overpayment.....\$ _____
- B. Basis for Refund (Employer must provide all pertinent information and facts on which claim is based.) Explain method and show computations used to determine income earned in the Village of New Boston.

- C. The employee's address according to our records for the period covered by the claim was _____

I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the Village of New Boston have been or will be made for said tax.

SIGNED: _____ BY _____ DATE _____
Employer Title

I certify that the facts and allegations contained in the above statement are true. I authorize the disclosure of the information herein to any lawful taxing authority affected by the refund.

Date Taxpayer signature Phone number