

FILE WITH:
City of Englewood
333 W National Rd
Englewood, OH 45322
Phone: (937) 836-5106

REFUND REQUEST FORM

OFFICE USE ONLY

TAX YEAR _____

PART 1—TO BE COMPLETE BY CLAIMANT (See reverse side for instructions before completion)

Social Security Number: _____	Address During Period Covered by Claim: _____ _____ _____
PRINT NAME AND ADDRESS: _____ _____ _____	From _____ To _____

City of Residence: _____ City of Employment: _____

A. EMPLOYER'S NAME: _____ EMPLOYER'S ADDRESS: _____

B. REFUND CLAIMED

1. Income Earned	\$ _____
2. City Tax Withheld	\$ _____
3. Earnings Subject to City Tax	\$ _____
4. Englewood Tax Due (1.75% x Line 3)	\$ _____
5. Overpayment Claimed (Line 2 - Line 4)	\$ _____

C: BASIS FOR REFUND (Give complete explanation. Show computation on reverse side, if applicable.)

Attach copy of wage statement (Form W-2). If under 18, provide birth date and proof of age (copy of birth certificate or driver's license). Attached log for any time claimed as worked outside the city showing **SPECIFIC** days out, destination, and reason for time out (time away for meetings, seminars, training sessions, etc. should not be included as time worked out of the city). Non Resident transportation Employees see page 2 instructions. Also attach any other documentation as needed to verify reason for overpayment. *** See General Instructions on reverse page.

PART 2 - CLAIMANT'S CERTIFICATION (read carefully)

I certify that all facts and figures are true and complete; a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the City of Englewood to furnish my city of residence or employment with a copy of this refund document.

Signed: _____ Date: _____

NOTICE: This refund may result in an amendment to Federal, State, or other City tax returns. Refunds of \$10.00 or more are reported to the Internal Revenue Service.

PART 3 - EMPLOYER'S CERTIFICATION

I hereby certify that during 20_____ the above named employee's total taxable salary and/or wage was \$_____ from which \$_____ city tax was withheld for and remitted to the City of Englewood, Ohio. My/Our records show the employee's address was _____ for the period covered by the claim for refund, and that _____% of the employee's compensation was attributable to work done or services performed outside the City of Englewood. NOTE: Time away for training sessions, seminars, meetings, casual work assignments and the like, although they may be outside the city, do not constitute changes in work situs and are not factors in determining time worked out of the city. I authorize the City of Englewood to furnish the employee's city of residence or employment with a copy of this refund document. 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 City of Englewood have been or will be made for the said tax. I further declare that the information contained herein is true, correct, and complete to the best of my knowledge and belief and that I am authorized by my employer to provide this information to the City of Englewood Tax Division.

Signed: _____ Title: _____ Date: _____

REFUND REQUEST - GENERAL INSTRUCTIONS

- This form is to be used by taxpayers claiming a refund of Englewood city tax withheld in excess of their actual liability.
- Designate the calendar year for which the refund is claimed.
- If there is a taxable income in addition to that shown on this form a standard Income Tax Return must also be completed.
- If a refund is claimed for tax withheld by more than one employer, a separate Refund Request form must be completed for and certified by each employer.
- Please allow 90 DAYS for processing your Refund Request.
- No refund of less than \$10.00 will be made.

INSTRUCTIONS FOR PART 1 (To be completed by claimant)

- Attach a copy of wage statement (Form W-2) showing total taxable income as well as any Englewood city tax withheld.
- Fill in social security number, name, current address, and address during period covered by the claim.
- Indicate city of residence and specific address where work or services were actually performed.

Section A: List the name and address of the employer.

Section B: 1. Enter total taxable income earned as shown on W-2.

2. Enter Englewood tax withheld.

3. Enter Englewood taxable income (Income attributable to work done or services performed in the city limits of Englewood).

4. Compute the tax on the income attributable to Englewood.

5. Enter the difference between Line 2 and Line 4.

Section C: Basis for Refund: A complete explanation is required concerning the reason for the overpayment. Explain how such overpayment was calculated (show computations). If overpayment is due to time worked out of the city, a DETAILED log showing dates worked out of the city must be included. Such log must include EXACT dates for any time worked out, destination and reason. NOTE: Time away for training sessions, seminars, meetings and casual work assignments, although they may be out of the city, do not constitute changes in work situs and are not factors in determining time worked out of the city. If claim for refund is based on age, a proof of age (copy of birth certificate or driver's license) must be attached.

Non Resident Transportation Employees. If based in Englewood but work locations or transportation routes are primarily outside city limits but within Ohio (intrastate), the refund request may not exceed 90% of the wages.

NON-RESIDENT ONLY - CALCULATION OF DAYS IN RATIO

- To compute percentage of time worked within the city of Englewood, multiply the total compensation by the ratio of actual days worked in the city to total days worked.
- Days worked only refer to the actual number of days on the job.
- An employee is not on the job when there is a HOLIDAY or when he or she is SICK or on VACATION.
- Complete this section only if you are a non-resident of the city claiming a refund of city tax withheld in excess of your actual liability.

Total Days Available _____

Total Available Working Days _____

Less: Vacation Days _____

Less: Days Worked out of Town _____

Less: Sick Days _____

Less: Holidays _____

(A) Total Available Working Days _____

(B) Total Days on Job in Englewood _____

Wage on which Englewood income tax is to be paid:

(B) Total Days on Job in Englewood ÷ (A) Total Available Working Days × Total Income = Taxable Englewood Income

COMPUTATION: (B) _____ ÷ (A) _____ × \$ _____ = _____ (carry to Line 3, Section B)

Direct Deposit Information

Checking Savings Routing Number _____ Account Number _____