INSTRUCTIONS FOR REFUND FORM

READ BEFORE COMPLETING OTHER SIDE OF FORM

Most of our Member Municipalities have their own refund form but <u>Alliance</u>, <u>Canfield</u>, <u>Carrollton</u>, <u>Columbiana</u>, <u>Geneva</u>, <u>Hubbard</u>, <u>Jefferson</u>, <u>Leetonia</u>, <u>Lisbon</u>, <u>Lordstown</u>, <u>Lowellville</u>, <u>Malvern</u>, <u>McDonald</u>, <u>Middlefield</u>, <u>Newton Falls</u>, <u>Niles</u>, <u>Salem</u>, <u>Sebring</u>, <u>Struthers</u>, <u>Warren</u> and <u>Windham</u> have their own refund form; however, they will accept this refund form. If you have questions concerning this form, contact the Income Tax Department of the Municipality from which the refund is being requested. (For <u>Campbell</u>, & <u>East Palestine</u> see <u>www.ritaohio.com</u>.)

This form is for a nonresident who performs no service within the corporate limits of the Municipality from which the employer erroneously withheld the tax.

Refunds will not be issued during the same year as the tax was erroneously withheld.

IF ALL INSTRUCTIONS ARE NOT FOLLOWED THE REFUND WILL NOT BE APPROVED AND CLAIM FORM WILL BE RETURNED.

A. <u>THE FIRST SECTION OF THIS FORM IS TO BE COMPLETED BY THE TAXPAYER WHO IS REQUESTING THE REFUND.</u>

1. Fill in name of Municipality from which refund is being requested.
2. Fill in year for which claim is being filed.
3. Attach W-2 form (copy acceptable) and any substantiating information and forms.
4. Print applicant's name.
5. Social Security Number.
6. Present address including street number, name of street, city, state, and zip code.
7. Current phone number including area code.
8. Advise if you were ever a resident of the Municipality from which the refund is being requested. If yes, give dates of residency.
9. Tax year for which refund is requested (one calendar year per form).
10. Amount of refund claimed.
11. Full name of employer during period for which refund is claimed.
12. Complete address of work location including street number, name of street, city, state and zip code.
13. State the period (give dates if necessary) for which this claim is made. A separate claim form must be filed for each calendar year.
14. Resident address for period of time covered by this claim (include street number, name of street, city, state and zip code).
15. Explain fully and concisely why this Municipal income tax should be refunded. Attach any pertinent information or explanations if space provided is not sufficient.

   IMPORTANT: If under 18 please give date of birth. Additional proof of age may be required.

B. <u>NOTARIZE.</u>

This claim must set forth in detail and under oath each ground upon which it is made, and facts sufficient to apprise the Income Tax Division of the exact basis thereof.

C. <u>EMPLOYER CERTIFICATION.</u>

Employer or authorized officer or Agent must complete certification of employer.

INDIVIDUAL REFUND FORM ~ YEAR _____

PLEASE READ THE INSTRUCTIONS ON BACK BEFORE COMPLETING.

1. Applicant's name _____ **2.** Soc. Sec. No. _____

3. Current Address _____ City _____

State _____ Zip Code _____ Phone _____

4. Were you ever a resident of the Municipality from which refund is requested? _____ If yes, give dates:

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF INCOME TAX

FROM THE MUNICIPALITY OF _____, OHIO.

5. For tax year of _____ (one year per form)   **6.** In the amount of $ _____

7. While employed by _____

8. Complete address of work location _____

9. For the period of (dates) _____

10. Resident address for this period _____

11. Reason for request (explain fully) _____

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM/HER.

Sworn to and subscribed before me this

_____ Day of _____, _____

_____
Signature Officer Administering Oath

_____
Title

_____
Signature Taxpayer Claiming Refund

CERTIFICATION OF EMPLOYER

I hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that during said period $_____ was withheld from the earnings paid said employee; that the total amount of $_____ was withheld for the year _____; that said employee was not, during the period claimed above, working inside corporate limits of the Municipality of _____, Ohio and 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 in remitting taxes withheld to the Municipality of _____, Ohio.

_____
(Name of Employer)

By: _____

Date _____

_____
(Title)

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