Income Tax Division 4200 Dryden Rd Moraine, OH 45439 Phone: (937) 535-1026 Fax: (937) 535-1275

CITY OF MORAINE 2012 Refund Request

General Instructions:

This form is to be used by individuals who are claiming a refund for days worked out of town or for taxes withheld in error by their employer. Any incomplete or unsigned sections will delay the processing of this request.

- 1. All claims must be signed by employee and the employer certification must be signed by an authorized agent.
- 2. Enter the information in the spaces provided for name, address and SSN number.
- 3. If you moved in or out of the city during the year, enter the dates of your partial year residency.
- 4. If you are claiming a refund for days worked out of town, provide a list of cities and dates. This list must be included with or your refund form or the refund may be denied or delayed due to an incomplete filing. Do <u>not</u> include <u>Vacation, Sick, Holiday or Personal</u> days as days worked out of the city.
- 5. If you are claiming a refund due to a withholding error by your employer, the employer must provide a letter stating the error.
- 6. Refund request will not be honored beyond three (3) years from the date the taxes were due.
- 7. Refunds are issued within 90 days after the city has received the employer's correct W-3 reconciliation form, including all W-2 information.

Fill in all s	paces below in this section.			
Account Nu	mber:	City of Residence:	Primary SSN	
Name:		City of Employment:	Joint SSN	
<u> </u>				
			Phone #	
Address:		Employer:		
			Partial Year Resident	
City, State, 2	Zin Code:	From to		
<u>- chiji biano</u> (1	<u></u>	Address Where Services Performed:	Previous Address:	
BASIS FO	PR REFUND : Give a brief description	·		
	side of this form.			
			Did You File a Return Last Year?	
		YES NO		
Part 1.	Tax Calculation (TO BE COMP	PLETED BY CLAIMANT)		
	<u> </u>			
ATTAC	HA COPY OF WAGE STATEMENT-(W-2) SH	OWING MORAINE TAX WITHHELD		
Line	1. Total Wages Taxable to Moraine (F	\$		
	-	-		
Line	e 2. Moraine Tax Due (Line 1 multiplie	\$		

Line 3. Moraine Tax Withheld (Amount from Box 19 on W-2 attached)

Line 4. **Refund Due** (Line 3 minus Line 2)

I declare that the information given on this form is true and complete to the best of my knowledge, and that a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the City of Moraine, upon request, to furnish my city of residence or employment a copy of this refund document. Please sign, date and provide a daytime phone number.

Signed:

Part 2. Employer's Certification

<u>INSTRUCTIONS FOR PART II (To be completed by Employer)</u> The employee's refund claim can not be honored without the employer's verification of Moraine tax withheld and number of days attributable to work done or services performed outside the corporate limits of Moraine and not subject to Moraine tax.

I verify that during the period covered by this claim, the above named employee worked outside the City of Moraine for ______ days and income tax in the amount of \$______ was withheld and paid to the City of Moraine in the excess of his/her liability based on the above stated facts and based on the computation provide on the reverse side of this form. No portion of these taxes has been or will be refunded directly to the employee and no adjustments to our withholding tax have been or will be made.

Employer Signature_____

Print Name_

Title_

Telephone #____

Daytime Phone: _____

_____ Date ____

Date: _

\$

CALCULATION WORKSHEET The average work year consists of 260 days. (Saturdays and Sundays ARE NOT CONSIDERED WORKING DAYS.)

The uv	reruge	work y		101000	1 200 0	.uys. (c	/uturuu	js and Sandajs	<u></u>			•)
Line 1. Total w	ork day	s availa	able.									
(365 minus weekends not worked)									Example:	260		
Line 2. List tota of Moraine. (Do Not inclu	ude vac	ation, h							Example:	80		
sick or pers	onal da	ys)										
Line 3. Days on the job in Moraine									Example:			
COMPLETAT	ION.											**Enter
COMPUTATION:										¢		This amount
	d1	vided t	у		n	nultipli	ed by	\$	$\frac{1}{\text{from Box 5 on W-2)}} = \$ (Wages taxable to Moraine) on Pa$			
(Line 3 abo	ove)		(Lii	ne I abo	ve)			(Wages from Bo	ox 5 on W-2)		(Wages taxable to Moraine)	Line 1**
			I	<u>Please</u>	<u>e list I</u>	Dates	work	ed outside th	<u>e City of N</u>	Morai	ine.	
Week Ending	S	М	Т	W	TH	F	S	Total days <u>worked</u> out	Location			
0								of Moraine				
							<u> </u>					
		<u> </u>					<u> </u>					

Total number of days worked outside of Moraine.

*Copy if additional sheets are needed.