

Mail to: P O Box 10 - West Carrollton, Oh 45449-0010

PART 1 – TO BE COMPLETE	D BY CLAIMANT (See rever	se side for instructions)	
SOCIAL SECURITY #	AMOUN	NT CLAIMED \$	TAX YEAR
NAME			URING CLAIM PERIOD:
MAILING ADDRESS			
CITY/STATE			
EMPLOYER'S NAME & ADDR			WEST CARROLLTON
D. West Carrollton Tax E. Overpayment Claime I certify that all facts and figures g.	Withheld (attach copy of W-2) West Carrollton Tax	fund has not previously be	en claimed or received by me for the and d
coverea by this ctaim. I authorize t residence and/or employment.	the City of West Carrollton to pr	ovide, upon request, a cop	y of this refund document to my city of
SIGNED(Claiman	t's Signature)	DATE	
			THER MUNICIPAL TAX RETURNS.
verify that during 20, the above was withheld and the period claimed was (Address) and that % of the employee Carrollton, and was payable to the Carquest, a copy of this refund docum/We verify that no portion of said the account with the City of West Carrollton.	e named employee's total salary remitted to the City of West Care's compensation was attributable City of	rollton, Ohio. My/our rec (City/State to work done or services I authorize the Ci sidence and/or employment directly to the employee, ar for said tax.	from which West Carrollton tax of ords show that the employee's address during performed OUTSIDE the City of West ty of West Carrollton to, provide, upon t. add that no adjustments to my/our withholding
SIGNATURE:		DATE:	
PRINT NAME	TI		

REFUND REQUEST GENERAL INSTRUCTIONS

This form is to be used only by individuals claiming a refund of West Carrollton tax withheld in excess of their actual liability. If the individual has other taxable income, the standard West Carrollton Tax Return must be used. If a refund is claimed for tax withheld by more than one employer, a separate Refund Request form must be completed for each employer.

INSTRUCTIONS FOR PART 1	(To be completed by Claimant)
Attach a copy of wage statement	showing West Carrollton Tax withheld.

- LINE A: Enter total salary on which West Carrollton taxes were withheld
- LINE B: Enter the amount from you W-2 of West Carrollton tax withheld.
- LINE C: List income attributable to work done or services performed within the corporate limits of West Carrollton. If all services were performed outside of West Carrollton, enter "none".
- LINE D: Enter 2.25% of the amount on Line C.
- LINE E: Enter the difference between Lines B and D.

<u>BASIS FOR REFUND</u>: If a percentage of time or income is used, show the method used for computing the percentage. If number of days worked outside of West Carrollton is used, attach a list of those dates and location worked. Use 260 days for the total available working days. (Saturdays and Sundays are not considered working days).

INSTRUCTIONS FOR PART 2 (To be completed by Employer) The employee's refund claim cannot be processed without the employer's verification of total compensation, West Carrollton tax withheld, the employee's address during the period covered by the claim, and the amount of earnings or percentage of the time attributable to work done or services performed outside the corporate limits of West Carrollton and not subject to West Carrollton Tax. EXPLAIN REASON FOR REFUND AND SHOW COMPUTATIONS USED TO FIGURE TAXABLE INCOME BELOW:

PRIVACY ACT: It is determined the information required is necessary to protect the City of West Carrollton in expenditure of funds as authorized by ordinance.

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