

**INCOME TAX REFUND CLAIM**  
 INCOME TAX DIVISION, CITY HALL  
 SPRINGFIELD, OHIO 45502

**TAX OFFICE USE:**

Claim # \_\_\_\_\_

**FOR**

Approved \_\_\_\_\_

Name \_\_\_\_\_  
 ( type or print full name, do not use initials )

Account # \_\_\_\_\_

Present Address \_\_\_\_\_  
 ( street )

Social Security # \_\_\_\_\_

\_\_\_\_\_ ( city and zip code )

F.I.D.# \_\_\_\_\_

Address During Period Covered by Claim, if different from present address:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 ( street )

\_\_\_\_\_ ( city and zip code )

**AMOUNT CLAIMED \$** \_\_\_\_\_

REFUND REQUESTED IS FOR OVERPAYMENT: A. \_\_\_\_\_ ( as shown on Return ) or,

B. \_\_\_\_\_ ( excess withholding )

A. OVERPAYMENT INDICATED ON \_\_\_\_\_ SPRINGFIELD INCOME TAX RETURN

B. OVERPAYMENT OF \_\_\_\_\_ SPRINGFIELD TAX WITHHELD FROM WAGES ( See Instructions )

List Employer(s) Name(s) and Address(es) ( Wage W-2's showing tax withheld must be attached )	Gross Wages	Amount Withheld

**Reason for refund:** ( Claimant must provide all pertinent information and facts on which claim is based explaining fully and concisely why Income Tax should be refunded )

**AFFIDAVIT:** The undersigned states that all facts and figures given are true and complete to the best of his/her knowledge and belief, that no such refund has previously been claimed or received by him/her; and understands that this information may be released to the Internal Revenue Service.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

**APPROVED FOR PAYMENT**

\_\_\_\_\_ ( City Manager )

\_\_\_\_\_ ( Finance Director )

\_\_\_\_\_ ( Date )

**INSTRUCTIONS**

1. All claims must be properly signed.
2. An employee who is claiming a refund of taxes withheld must list his/her employer's names and addresses and attach his/her wage statement( s ) showing Springfield tax withheld ( Forms W-2 ).
3. A claim for refund by persons under 18 years of age must include verification giving the exact birthdate of claimant (i.e., photocopy of birth certificate or driver's license ).
4. The average working year consists of 260 days ( Saturday and Sunday are not considered working days ).
5. Training sessions, seminars, meetings, temporary or casual employment, 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.
6. Employer's certification must be completed by authorized officer or agent.
7. Attach copies of Federal forms as may be applicable.
8. No refund of less than one dollar ( \$1.00 ) will be made.
9. Refund requests will not be honored beyond three ( 3 ) years from the date the taxes were due.
10. Please allow ninety ( 90 ) days for processing your refund request.

**NOTE: INCOMPLETE CLAIMS CANNOT BE APPROVED AND WILL BE RETURNED TO CLAIMANT.**

<b>COMPLETE BELOW ONLY IF YOU ARE A NON-RESIDENT CLAIMING A REFUND OF CITY INCOME TAX WITHHELD IN EXCESS OF YOUR ACTUAL LIABILITY.</b>			
Compute the amount to be entered as taxable city income by multiplying the total compensation by the ratio of actual days worked.			
( A ) TOTAL DAYS AVAILABLE .....		260	
( B ) LESS: VACATION DAYS .....			
( C ) LESS: SICK DAYS .....			
( D ) LESS: HOLIDAYS .....			
( E ) LESS: OTHER TYPES NON-WORKING DAYS .....			
( F ) TOTAL AVAILABLE WORKING DAYS .....			
( G ) TOTAL AVAILABLE WORKING DAYS .....			
( H ) DAYS WORKED OUT OF TOWN ( attach log ) .....			
( I ) DAYS ON JOB IN SPRINGFIELD .....			
<b>COMPUTATION</b>			
	÷	x	=\$
( Line I )	÷	( Line F )	( Total Income )
			( Taxable City Income )
Springfield Tax Rate 2% .....			
Net Tax Due ( applicable rate x Springfield Taxable Wages ) .....	\$		
Less: Income Tax Withheld .....	\$		
<b>REFUND CLAIMED</b> .....	\$		

**EMPLOYER'S CERTIFICATION** ( to be completed by employer )

The employee named on the first page of this form has claimed a refund for the reasons listed. As any refund to one of your employees will result in a debit from your withholding tax account, we require verification of this claim.

**Employer Comments:**

**AFFIDAVIT** I/We hereby certify that \_\_\_\_\_ ( employee ) was employed by the undersigned during the period for which said employee makes claim for refund and that the total amount of \$ \_\_\_\_\_ was withheld for the year ( s ) \_\_\_\_\_; that said employee was not working inside the corporate limits of Springfield during the period claimed; and that no portion of said tax withheld has been or will be refunded directly to the employee, and no adjustment in withholding remittance has been or will be made.

I further declare that the information contained herein is true and correct to the best of my knowledge and belief and that I am authorized to provide this information.

Authorized Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_