

**INCOME TAX REFUND CLAIM**  
CITY OF SPRINGFIELD, INCOME TAX DIVISION  
76 EAST HIGH STREET  
SPRINGFIELD, OHIO 45502  
PHONE (937) 324-7357

Employer  
Account # \_\_\_\_\_  
(FOR OFFICE USE ONLY)

**PLEASE REVIEW INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING FORM**

**PART A**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
( print first name, middle initial, last name )

Present Address \_\_\_\_\_ Email Address \_\_\_\_\_  
( street, apt # )

\_\_\_\_\_ Social Security # \_\_\_\_\_  
( city, state and zip code )

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

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
( street, apt # )

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

**TAX YEAR \_\_\_\_\_ REFUND AMOUNT CLAIMED \$ \_\_\_\_\_**

**PART B**

<u>Employer Name</u>	<u>Location Worked</u>	<u>Taxable City Income</u>	<u>x 2% Tax Due</u>	<u>- Amount Withheld</u>	<u>= Refund Amount</u>

Please provide a clear and concise explanation of reason for refund:

**EMPLOYEE AFFIDAVIT:** The undersigned states that all facts and figures given on this form 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 and the municipality of residence.

Employee Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PART C**

**EMPLOYER VERIFICATION AND AFFIDAVIT:** I hereby certify that \_\_\_\_\_ (employee name) was employed by the undersigned during the period for which said employee makes claim for refund and that the amount of \$ \_\_\_\_\_ was withheld in excess of his/her liability based on the above stated facts and calculations; 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 \_\_\_\_\_  
( print first name, middle initial, last name )

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

**INSTRUCTIONS**

1. THIS FORM IS INTENDED ONLY FOR THE USE OF NON-RESIDENTS AND/OR THOSE UNDER 18 YEARS OF AGE.
2. Do not combine refund claims for more than one employer. A separate form must be completed for each employer for which you are claiming a refund of income tax withheld.
3. All claims must be properly signed by the claimant.
4. All claimants must complete Parts A and B and attach copy of W-2 showing Springfield withholding and box 5 Medicare wages.
5. Unless you are under the age of 18, or unless your employer has submitted a list of employees eligible for a refund, you must have an authorized officer or agent of your employer complete Part C of this form.
6. Refund claims for persons under 18 years of age must include verification of the exact birth date of claimant, i.e., photocopy of birth certificate or driver's license.
7. If you are claiming specific days worked outside this municipality, you must complete the Worksheet below and attach a log or schedule of dates and places worked outside the City of Springfield.
8. **You must file a City of Springfield Income Tax Return in place of, or in addition to, this form if:** a) you were a resident of the City of Springfield for any part of the tax year in question; b) you owned rental property located inside this municipality and/or you were self-employed and conducted business inside this municipality during the tax year in question; c) you are a resident of this municipality whose 18<sup>th</sup> birthday occurred during the tax year in question. For all of these situations, additional documentation will be required, including but not limited to copies of pay stubs, verification of move date and/or copies of federal Schedules C and/or E.
9. No refunds of less than one dollar ( \$1.00 ) will be issued.
10. Refund claims will not be honored beyond three ( 3 ) years from the date the taxes were due.
11. Please allow ninety ( 90 ) days for processing your *completed* refund claim.

**\*\*\*PLEASE NOTE: INCOMPLETE CLAIMS CANNOT BE PROCESSED AND WILL BE RETURNED TO CLAIMANT\*\*\***

**The following worksheet is to be completed only by those claiming specific days worked outside the City of Springfield supported by a log or schedule of dates and places worked.**

**WORKSHEET**

Please note that the *average* working year consists of 260 available working days, excluding Saturdays and Sundays. Adjustments may be made to account for various individual work schedules. Training sessions, seminars, meetings, and 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 outside the city.

- ( A ) TOTAL DAYS AVAILABLE ..... \_\_\_\_\_
- ( B ) LESS VACATION DAYS ..... \_\_\_\_\_
- ( C ) LESS SICK DAYS ..... \_\_\_\_\_
- ( D ) LESS HOLIDAYS ..... \_\_\_\_\_
- ( E ) LESS OTHER NON-WORKING DAYS ..... \_\_\_\_\_
- ( F ) TOTAL WORKING DAYS ..... \_\_\_\_\_
- ( G ) DAYS WORKED OUTSIDE THE CITY OF SPRINGFIELD (**ATTACH REQUIRED LOG**).. \_\_\_\_\_
- ( H ) DAYS WORKED INSIDE THE CITY OF SPRINGFIELD..... \_\_\_\_\_

**COMPUTATION**

Compute the amount to be entered as taxable city income by multiplying total income (from box 5 of W-2) by the ratio of actual days worked in the City of Springfield to total working days:

$$\frac{\text{_____}}{\text{( LINE H )}} \div \frac{\text{_____}}{\text{( LINE F )}} \times \frac{\text{_____}}{\text{( TOTAL INCOME )}} = \$ \frac{\text{_____}}{\text{( TAXABLE CITY INCOME )}}$$

INCOME TAX WITHHELD BY EMPLOYER ( FROM W-2 ) ..... \_\_\_\_\_

LESS INCOME TAX DUE ( TAXABLE CITY INCOME x 2.00% ) ..... \_\_\_\_\_

REFUND CLAIMED ..... \_\_\_\_\_

( to Page 1, Part B )