

INCOME TAX REFUND REQUEST

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

Employer
Account # _____
(FOR OFFICE USE ONLY)

**THIS FORM MUST BE USED IN CONJUNCTION WITH A CITY OF SPRINGFIELD INCOME TAX RETURN.
PLEASE REVIEW INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING FORM.**

PART A

Name _____ Social Security # _____
(first name, middle initial, last name)

Address _____ Phone # _____
(street address, apt #, city, state, zip)

Address During Period Covered by Claim, if different from present address: Email _____
From _____ To _____
(street address, apt #, city, state, zip)

Tax Rates
Springfield, 2017: 2.20% blended rate
Springfield, 2016 and prior years: 2.00%
JEDD: 1.00% all years

TAX YEAR _____

PART B

<u>Employer Name</u>	<u>Location Worked</u>	<u>Taxable City Income</u>	<u>Tax Due</u> (see tax rates above)	<u>Amount Withheld</u>	<u>Refund Amount</u>
		(enter this amount on line 1 of return)	(enter this amount on line 4 of return)	(enter this amount on line 6 of return)	(enter this amount on line 15 of return)

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

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 _____

Authorized Signature _____ Date _____

Name of Employer _____ Phone _____

INSTRUCTIONS

1. **THIS FORM MUST BE USED IN CONJUNCTION WITH A CITY OF SPRINGFIELD INCOME TAX RETURN.**
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 claimants must complete Parts A and B and attach a copy of the applicable W-2(s) showing Springfield withholding and Medicare wages.
4. Unless your employer has submitted a list of employees eligible for a refund, and your name is on that list, you must have an authorized officer or agent of your employer complete Part C of this form.
5. 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.
6. No refunds of ten dollars (\$10.00) or less will be issued.
7. Refund claims will not be honored beyond three (3) years from the date the taxes were due.
8. 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 APPLICABLE RATE) _____

REFUND CLAIMED _____
(to Page 1, Part B)