

Refund Request Form For Non-Resident Taxpayers
Tax Year 2015

Athens City Income Tax Department

8 East Washington Street
Athens, OH 45701-2496
740-592-3337 Fax 740-592-6400



1. Name _____ Account No. _____

2. Present Address

3. Social Security Number _____

4. Non-Resident Formula Calculation:

4a. Total Working Days 260
- Days Worked Outside Athens _____
= (A) Days Worked Inside Athens _____

4b. Salary \$ _____ ÷ 260 Working Days = (B) \$ _____ Rate Per Day

4c. (A) Days Worked Inside Athens _____
X (B) Rate Per Day _____
= (C) Athens City Taxable Wages \$ _____

4d. (C) Athens City Taxable Wages _____ X 1.65% = _____ (D) Tax Due

4e. Athens City Income Tax Withheld _____
- (D) Tax Due _____
= Refund Due to Taxpayer _____ Enter this amount on Line 5

5. In the Amount of \$ _____

6. While Employed By _____

7. For the Following Period (Dates) From: _____ To: _____

8. Resident Address for this Period

9. Reason for Refund

Refund Request Form For Non-Resident Taxpayers
Tax Year 2015

10. Employee's Position with Employer _____

11. Attach an Employer's Schedule of Dates and Locations Worked Outside Athens

THE UNDERSIGNED HEREBY MAKES A CLAIM FOR A REFUND OF ATHENS CITY INCOME TAX AND
DECLARES THAT ALL INFORMATION GIVEN IS TRUE AND COMPLETE.

Date _____ Signed _____ Phone _____
Claimant's Signature

CERTIFICATION OF EMPLOYER

I hereby certify that the employee filing this claim for refund was employed by the undersigned. He/She did not work inside the corporate limits of Athens during the time period specified in our attached schedule of dates and locations for this employee. The employee's claim for refund of Athens tax is valid based upon our knowledge of the employee's records and/or our knowledge of the employee's work location(s). I certify that no portion of this tax has been or will be refunded directly to the employee and that no adjustment to our withholding account with the City of Athens has been or will be made for this tax.

Employer _____ Federal ID Number _____

Signed _____ Title _____
Officer or Authorized Representative

Phone _____ Date _____

Requests for a refund of tax withheld by an employer for non-resident individuals must be submitted as follows:

- 1. Completed Refund Request Form with signature**
- 2. Attach a copy of form W-2**
- 3. Employer's schedule of dates and locations worked outside Athens**
- 4. Certification of Employer must be completed**

Please allow 90 days for the processing of your refund request.

Refunds are permitted only when municipal income tax has actually been paid by your employer to the City of Athens. Refunds of tax paid by the taxpayer (not withheld by an employer) may be requested by submitting a City of Athens Income Tax Return. Refunds of tax withheld by an employer for persons under age 18 may be requested by submitting the Refund Request Form for Taxpayers under Age 18.

Refund Request Form For Non-Resident Taxpayers

Tax Year 2015

Requests for refunds of tax withheld by an employer for non-resident individuals must be submitted as outlined in the following instructions. In all cases, information in addition to the items stipulated may be requested by this office.

To qualify for a refund you must be a non-resident who performs less than 100% service within the corporate limits of Athens and whose employer withheld Athens City income tax.

INSTRUCTIONS

- Line 1 Print full name. Account Number: Leave blank.
- Line 2 Print current address including street number, city, state and zip code.
- Line 3 Print social security number clearly.
- Line 4 Refund Calculation:
- Line 4a The working year consists of 260 days (Scheduled days off are not considered working days.) Please note that no refund is allowed for sick, vacation, holiday, or supplemental pay days, or the equivalent of such days. These types of pay are the direct result of your employment. These days cannot be subtracted from total working days. Subtract days worked outside Athens from 260 days to arrive at days worked inside Athens. (A)
 - Line 4b Salary is your gross wage amount. It is the largest figure on your W-2 form. Take this amount and divide by 260 days. This is your rate of pay per day. (B)
 - Line 4c Multiply the days worked inside Athens times your rate of pay per day. This amount is your Athens City taxable income. $(A) \times (B) = (C)$
 - Line 4d Multiply your Athens City taxable wages (C) times the tax rate of 1.65%. This is your tax due. (D)
 - Line 4e Place amount of Athens City income tax withheld by employer on first line. (Refer to your W-2 form.) Subtract the tax due (D) from the amount withheld. This is the amount of your refund. Please enter this amount on line 5.
- Line 5 Amount of refund applied for.
- Line 6 Name of employer during period covered by claim for refund.
- Line 7 State the period by dates that the refund request covers within a calendar year. A separate claim must be filed for each year.
- Line 8 Show street number, city, state and zip code for period of time covered by the refund request.
- Line 9 Explain fully and concisely why Athens City income tax should be refunded.
- Line 10 Print your position or title with your employer.
- Line 11 **ATTACH EMPLOYER'S SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE ATHENS.**