

REFUND REQUEST FORM – TIPP CITY

General Information

- This form is to be used by individuals claiming a refund of the city income tax withheld in excess of their liability.
- Use a separate form for each employer that over withheld taxes, attach all W-2 statements and submit all forms together.
- If you are claiming a refund for days worked out of town, please attach a list of cities and dates worked out of town and complete the worksheet on the back of this form.
- If your request is more than \$50.00, the Employer Certification (Part II) must be completed.

Part I TAXPAYER INFORMATION

Account # or SSN

City/Village of residence

Name

City/Village of employment

Address

Employer address where services performed

City, State, Zip

Did you move during the tax year? ☐ Yes ☐ No

If yes... Date moved _____

Previous Address _____

Part II BASIS FOR REFUND

Year Requested _____ Refund Requested \$ _____

Basis for refund: Give a brief explanation as to why you are requesting a refund of Tipp City income taxes. Refund Calculation Worksheet must be completed in its entirety.

Part III REFUND CERTIFICATION

This certification is required to be completed for all refund claims related to days worked outside of Tipp City or for tax withheld in excess of liability by the employer. Refunds will not be processed in the event that the below signatures are not provided in their entirety (including signatures, title, dates and phone numbers). Also, please note that the person applying for a refund cannot authorize their own refund.

Taxpayer's Signature

I declare that the information provided on this form is true and complete to the best of my knowledge, and that a refund has not previously been claimed or received by me for the period covered on this claim. I understand that this information will be released to my city of residence or city of employment.

Taxpayer's Signature

Daytime Phone

Date

Employer's Certification

The undersigned employer representative states that during the tax year referenced in this claim, the employer withheld municipal income tax from the above named employee in excess of the employee's liability; that the employer has examined

this claim for refund in its entirety including any accompanying travel schedules and statements; and that the employer representative can attest that the information reported on this claim is true and accurate.

In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

Employer Representative Signature

Representative's Title

Daytime Phone

Date

Refund Calculation Worksheet

- Compute the amount to be entered as taxable city income by multiplying the total compensation by the ratio of actual days worked. Days worked only refers to actual days on the job.
- Refunds cannot be claimed for 20 (twenty) or less days if taxes were not paid to another municipality for those days.
- **Virtual Office Refunds for Tax Year 2021 Only:** Please furnish a letter from your employer verifying the number of days you worked at your principal place of work. **Virtual Office Refunds for All Other Tax Years:** Please furnish a letter from your employer verifying you were required to work from home as a condition of your employment. All letters must be provided on company letterhead.

Days Calculation

- | | |
|---|----------|
| 1. Total Days Available (365 minus weekends not worked) | 1. _____ |
| a. Less vacation days _____ | |
| b. Less sick leave _____ | |
| c. Less holidays _____ | |
| d. Less personal days _____ | |
| 2. Less total available days not worked (add a, b, c & d) | 2. _____ |
| 3. Subtract line 2 from line 1 | 3. _____ |
| 4. Less total days worked out of town | 4. _____ |
| 5. Total number of days on the job in Tipp City | 5. _____ |

Refund Calculation

- | | |
|---|-----------|
| 6. Days on the job in Tipp City (line 5 above) | 6. _____ |
| 7. Total available work days (line 3 above) | 7. _____ |
| 8. Divide line 6 by line 7 (rounded to 2 decimal places) | 8. _____ |
| 9. Enter Tipp City wages from W-2 form | 9. _____ |
| 10. Multiply line 9 by line 8 | 10. _____ |
| 11. Multiply line 10 by 1.5% | 11. _____ |
| 12. Enter Tipp City tax withheld from W-2 form | 12. _____ |
| 13. Subtract line 11 from line 12; Refund due to employee | 13. _____ |

Mail completed Refund Request form and a copy of the W-2 showing the Tipp City taxes withheld to:

Tipp City Tax Department
260 S Garber Dr.
Tipp City, Ohio 45371

Contact Information

Office hours are Monday through Thursday from 7am to 6pm

Telephone: 937-667-8426

Fax: 937-667-8426

Email: crosss@tippcity.net

Website: www.tippcityohio.gov

Days Worked Outside of Tipp City

Name:

Tax Year:Tipp City Account Number:SSN:

Key:

X =	Days Worked Outside of Tipp City
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V =	Vacation Day
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S =	Sick Day
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P =	Personal Day
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H =	Holiday
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