

INCOME TAX REFUND REQUEST

For Tax Year _____

To: City of Miamisburg Income Tax Dept., 10 N. First St, Miamisburg OH 45342

PART I – TO BE COMPLETED BY CLAIMANT

Name: _____ SOC SEC# _____
Present Address: _____ (Street)

(City, State, Zip)

AMOUNT CLAIMED \$ _____

List Employer(s) Name and Address, and Physical Location where work was performed:	
Name/Address	Work Site
_____	_____
_____	_____
City of Residence at time of above employment _____	
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:	

The undersigned states that all facts and figures given are true and complete to the best of his/her knowledge and belief, and that no such refund has previously been claimed or received by him/her. I authorize the Tax Administrator to furnish my city of residence and/or employment a copy of this document.

Signed: _____ **Date:** _____

EMPLOYER CERTIFICATION, CALCULATIONS AND INSTRUCTIONS ON BACK

INSTRUCTIONS

An employee who is claiming a refund of taxes withheld must list his employer's name, address, and worksite and attach a copy of W-2(s) showing Miamisburg tax withheld.

A claim for refund by persons under 18 years of age must include verification giving the exact birth date of claimant (i.e. copy of birth certificate or driver's license).

The average working year consists of 260 days (Saturdays and Sundays are not considered working days). Training sessions, seminars, meetings, temporary or casual employment, although they may be outside the city, do not constitute change in work situs. **A date and destination log must be attached.** Incomplete claims cannot be approved and will be returned to claimant.

Employer's certification must be completed by an authorized officer or agent.

Attach copies of Federal forms and schedules as may be applicable. No refund of less than a dollar will be issued. Refund requests will not be honored beyond three years from the date the taxes are due. Please allow 90 days for processing your refund request.

PART II – CALCULATIONS

COMPLETE ONLY IF YOU ARE A NON-RESIDENT CLAIMING A REFUND OF CITY INCOME TAX WITHHELD IN EXCESS OF YOUR ACTUAL LIABILITY.			
(A) TOTAL DAYS AVAILABLE		260	
(B) LESS: DAYS WORKED OUT OF TOWN		_____	
(C) DAYS ON THE JOB IN MIAMISBURG		_____	
COMPUTATION: _____ X _____ = _____			
Line C ÷ Line A	Total Income	Taxable Income	
Taxable income multiplied by tax rate of 1.75% (.0175)		_____	
Less Miamisburg tax withheld		_____	
REFUND CLAIMED		_____	

PART III – EMPLOYER CERTIFICATIONS

I hereby certify that the claimant 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 tax year _____, that said employee was not working within the corporate limits of Miamisburg during the period claimed, and that no portion of said tax withheld has been or will be refunded to the employee, and no adjustment in withholding remittance has 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 BY: _____ TITLE _____ DATE _____