

<b>FILE WITH:</b> City of Vandalia Income Tax Office P.O. Box 727, 333 James Bohanan Dr. Vandalia, OH 45377 Phone: (937) 415-2240 Fax: (937) 415-2361	<b>CITY INCOME TAX REFUND REQUEST</b>  Tax Year _____  City _____	<u>Office Use Only</u>
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**PART I – TO BE COMPLETED BY CLAIMANT** (See reverse side for instructions before completion.)

Social Security Number: _____ PRINT NAME AND ADDRESS: _____ _____ _____ PHONE: _____ EMAIL: _____	Address During Period Covered By Claim: _____ _____ From _____ to _____
City of Residence: _____ City of Employment: _____	

A. EMPLOYER'S NAME: \_\_\_\_\_ EMPLOYER'S ADDRESS: \_\_\_\_\_

B. REFUND CLAIMED

1. Income Earned	\$ _____			
2. City Tax Withheld			\$ _____	
3. Earnings Subject to City Tax	\$ _____			
4. City Tax Due (Tax Rate** x Line 3)			\$ _____	
5. Overpayment Claimed (Line 2 – Line 4)				\$ _____

BASIS FOR REFUND (Give complete explanation. Show computation on reverse side, if applicable.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach copy of wage statement (Form W-2). If under 18, provide birth date and proof of age (copy of birth certificate or driver's license). Attach log for any time claimed as worked outside of city showing specific days out, destination, and reason for time out (time away for meetings, seminars, training sessions, etc. should not be included as time worked out of the city). If claim is due to employee business expenses, attach copy of Federal Form 2106 and Schedule A. Also attach any other documentation as needed to verify reason for overpayment. \*\* See General Instructions on page 2.

**PART II – CLAIMANT'S CERTIFICATION** (Read carefully.)

I certify that all facts and figures are true and complete; a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the City of Vandalia to furnish my city of residence or employment with a copy of this refund document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE: This refund may result in an amendment to Federal, State, or other City tax returns. Refunds of \$10.00 or more are reported to the Internal Revenue Service.

**PART III – EMPLOYER'S CERTIFICATION**

EMPLOYER'S FEDERAL ID: \_\_\_\_\_

I hereby certify that during 20\_\_\_\_ the above named employee's total taxable salary and/or wage was \$ \_\_\_\_\_ from which \$ \_\_\_\_\_ city tax was withheld for the City of \_\_\_\_\_ and remitted to the City of Vandalia, Ohio. My/Our records show the employee's address was \_\_\_\_\_ for the period covered by the claim for refund, and that \_\_\_\_\_% of the employee's compensation was attributable to work done or services performed outside the city in which this refund is filed for. NOTE: Time away for training sessions, seminars, meetings, casual work assignments and the like, although they may be outside the city, do not constitute changes in work situs and are not factors in determining time worked out of the city. I authorize the City of Vandalia to furnish the employee's city of residence or employment with a copy of this refund document. I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the City of Vandalia have been or will be made for the said tax. I further declare that the information contained herein is true, correct, and complete to the best of my knowledge and belief and that I am authorized by my employer to provide this information to the City of Vandalia Income Tax Division.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

REFUND REQUEST – GENERAL INSTRUCTIONS

This form is to be used by taxpayers claiming a refund of Vandalia/Brookville/Butler Twp JEDD/Butler Twp JEDZ municipal income tax withheld in excess of their actual liability. Designate the calendar year and city for which the refund is claimed. If there is taxable income in addition to that shown on this form, the standard *Income Tax Return* must also be completed. If a refund is claimed for tax withheld by more than one employer, a separate *Refund Request* form must be completed for and certified by each employer.

**\*\* Tax rate for the City of Vandalia is 2.0%. Tax rate for the City of Brookville is 2.0%. Tax rate for the Butler Township JEDD is 2.0%. Tax rate for the Butler Township JEDZ is 1.0%.**

- An authorized officer or agent of the company must complete employer's certification.
- Please allow 90 days for processing your refund request.
- **No refund of less than \$10.01 will be made.**

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INSTRUCTIONS FOR PART I (To be completed by claimant)

Attach a copy of wage statement (Form W-2) showing total taxable income as well as any city tax withheld.

Fill in social security number, name, current address, and address during period covered by the claim. Also, indicate city of residence and specific address(es) where work or services were actually performed.

Section A: List the name and address of the employer.

Section B: 1. Enter total taxable income earned as shown on W-2.

2. Enter Vandalia/Brookville/Butler Twp JEDD/Butler Twp JEDZ tax withheld.

3. Enter Vandalia/Brookville/Butler Twp JEDD/Butler Twp JEDZ taxable income. (Income attributable to work done or services performed within the corporate limits of the locality in which the refund is being filed for.)

4. Compute the tax on the income attributable to Vandalia/Brookville/Butler Twp JEDD/Butler Twp JEDZ.

5. Enter the difference between Line 2 and Line 4.

Section C: Basis for Refund: A complete explanation is required concerning the reason for the overpayment. Explain how such overpayment was calculated (show computations). If overpayment is due to time worked out of the city, a detailed log showing dates worked out of the city must be included. Such log must include exact dates for any time worked out, destination, and reason. NOTE: Time away for training sessions, seminars, meetings, and casual work assignments, although they may be out of the city, do not constitute changes in work situs and are not factors in determining time worked out of the city. If claim for refund is based on age, a proof of age (copy of birth certificate or driver's license) must be attached. If employee business expenses are applicable, a copy of Federal Form 2106 and Schedule A must be attached.

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To compute percentage of time worked within Vandalia/Brookville/Butler Twp JEDD/Butler Twp JEDZ, multiply the total compensation by the ratio of actual days worked in the city to total days worked. Days worked only refer to the actual number of days on the job. An employee is not on the job when there is a holiday, or when he or she is sick or on vacation. Complete this section only if you are a non-resident of the city for which you are submitting this request for refund claiming a refund of city tax withheld in excess of your actual liability. NOTE: For employees paid on a commission basis, the ratio of commissions earned in the city to total commissions should be used instead of days worked.

TOTAL DAYS AVAILABLE \_\_\_\_\_

LESS: VACATION DAYS \_\_\_\_\_

LESS: SICK DAYS \_\_\_\_\_

LESS: HOLIDAYS \_\_\_\_\_

(A) TOTAL AVAILABLE WORKING DAYS \_\_\_\_\_

TOTAL AVAILABLE WORKING DAYS \_\_\_\_\_

LESS: DAYS WORKED OUT OF TOWN \_\_\_\_\_

B) DAYS ON JOB IN \_\_\_\_\_

VANDALIA / BROOKVILLE / BUTLER

TWP JEDD / BUTLER TWP JEDZ

WAGES ON WHICH LOCAL INCOME TAX IS TO BE PAID:

(B) Days on Job in Vandalia/Brookville/Butler Twp JEDD/Butler Twp JEDZ x Total Income = Taxable Local Income

(A) Total Available Working Days

COMPUTATION:

(B) \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (Carry to Line 3, Sect. B)

(A)

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INSTRUCTIONS FOR PART II (To be completed by claimant) : Read this section carefully, and sign where indicated.

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INSTRUCTIONS FOR PART III (To be completed by employer) : The employer must verify the total compensation, local tax withheld, and the amount of earnings and percentage of the time attributable to work done or services performed outside the corporate limits of Vandalia/Brookville/Butler Twp JEDD/Butler Twp JEDZ and not subject to local tax. The employee's refund claim will not be honored if this section is not completed. This section may only be certified by an employee that is authorized by the employer to provide such information.