



Mail to: P O Box 10 – West Carrollton, Oh 45449-0010

PART 1 – TO BE COMPLETED BY CLAIMANT (See reverse side for instructions)

SOCIAL SECURITY # _____ AMOUNT CLAIMED \$ _____ TAX YEAR _____

NAME _____ ADDRESS DURING CLAIM PERIOD: _____

MAILING ADDRESS _____

CITY/STATE _____ ZIP _____

EMPLOYER'S NAME & ADDRESS	GROSS WAGES	WEST CARROLLTON TAX WITHHELD
_____	_____	_____
_____	_____	_____

COMPUTATION OF OVERPAYMENT:

- A. Income Earned \$ _____
- B. West Carrollton Tax Withheld (attach copy of W-2) \$ _____
- C. Earnings subject to West Carrollton Tax.....\$ _____
- D. West Carrollton Tax (2.25% of Line C).....\$ _____
- E. Overpayment Claimed (Line B minus Line D).....\$ _____

I certify that all facts and figures given 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 West Carrollton to provide, upon request, a copy of this refund document to my city of residence and/or employment.

SIGNED _____ DATE _____
(Claimant's Signature)

THIS REFUND MAY RESULT IN AN AMENDMENT TO FEDERAL, STATE, OR OTHER MUNICIPAL TAX RETURNS.

PART 2 – TO BE COMPLETED BY EMPLOYER (Read Carefully)

I verify that during 20____, the above named employee's total salary and/or wages was \$_____ from which West Carrollton tax of \$_____ was withheld and remitted to the City of West Carrollton, Ohio. My/our records show that the employee's address during the period claimed was (Address)_____ (City/State)_____ and that _____% of the employee's compensation was attributable to work done or services performed OUTSIDE the City of West Carrollton, and was payable to the City of _____. I authorize the City of West Carrollton to, provide, upon request, a copy of this refund document to the employee's city of residence and/or employment. 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 West Carrollton have been or will be made for said tax.

SIGNATURE: _____ DATE: _____

PRINT NAME _____ TITLE: _____

This form is to be used only by individuals claiming a refund of West Carrollton tax withheld in excess of their actual liability. If the individual has other taxable income, the standard West Carrollton Tax Return must be used. If a refund is claimed for tax withheld by more than one employer, a separate Refund Request form must be completed for each employer.

Attach a copy of wage statement showing West Carrollton Tax withheld.

LINE E: Enter the difference between Lines B and D.

The employee's refund claim cannot be processed without the employer's verification of total compensation, West Carrollton tax withheld, the employee's address during the period covered by the claim, and the amount of earnings or percentage of the time attributable to work done or services performed outside the corporate limits of West Carrollton and not subject to West Carrollton Tax.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

PRIVACY ACT: It is determined the information required is necessary to protect the City of West Carrollton in expenditure of funds as authorized by ordinance.