



INSTRUCTIONS FOR FILING REFUND REQUEST

WE DO NOT REFUND AMOUNTS UNDER \$1.01.

Only taxes collected by the Village of Richfield can be refunded by the Village of Richfield.

Please print your name, home address, social security number and tax year. Also, be sure to enclose legible copies of your W-2 statements. Incomplete refund requests will be returned to the taxpayer and must be refiled with complete information and documentation.

Check the block indicating your reason(s) for requesting a refund, after reviewing the instructions below.

1. **WITHHELD ON INCOME EARNED WHILE UNDER EIGHTEEN YEARS OLD** – Attach copy of W-2, legible photocopy of your driver’s license, State ID or birth certificate **with the birth date clearly readable**.
2. **UNREIMBURSED BUSINESS EXPENSES** – attach copy of W-2, copy of Federal Form 2106, Schedule A, and Federal Return.
3. If you are claiming a refund based on work performed outside the Village of Richfield, please list by date the days outside the Village of Richfield, places where services were performed and what the duties were.
NOTE: Saturdays, Sundays, vacation days, sick days, and holidays are **NOT** eligible for reimbursement. Refunds are based on a 260-day year. Days worked outside Richfield, but in Ohio are not eligible.
4. The amount of your refund may differ from the amount requested, due to information that we receive from your employer, a recalculation of your daily wage rate, etc.
5. CALCULATIONS TO DETERMINE AMOUNT OF REFUND FOR DAYS WORKED OUT OF RICHFIELD:

A) TOTAL DAYS AVAILABLE	260
B) TOTAL GROSS PAY FOR PERIOD	_____
C) GROSS PAY PER DAY (B ÷ 260)	_____
D) DAYS WORKED OUT OF OHIO (log of days worked out, destination and reason for travel must be included: Also states driven in, if over the road truck driver)	_____
E) INCOME EXEMPT FROM TAX (D X C) = E	_____
F) AMOUNT OF REFUND DUE (E X .02%)	_____

The EMPLOYER’S VERIFICATION must be filled out and signed by the employee’s supervisor or other responsible representative of the employer who has knowledge that the information given is true and correct.

NOTIFICATION OF THIS REFUND WILL BE SUPPLIED TO YOUR CITY OF RESIDENCE IF YOU LIVE IN A TAXING COMMUNITY.

Please contact the Village of Richfield Income Tax Office
at (330 659-9201. Ext. 2 if assistance is needed.

INCOME TAX DIVISION
Village of Richfield
PO BOX 100
Richfield, Ohio 44286-0100

APPLICATION FOR MUNICIPAL INCOME TAX REFUND

Village of Richfield Division of Taxation
PO BOX 100, Richfield, Ohio 44286
(330) 659-9201 Ext. 2
www.richfieldvillageohio.org

Taxpayer's Name _____ Social Security Number _____
Address _____
City, State and Zip Code _____ Tax Year of Claim _____

- 1. Name of Employer _____
- 2. Amount of Income exempt from tax (see reason below) \$ _____
- 3. Amount of gross refund claimed \$ _____

Check box below to indicate reason for claim and attach all required documentation (see instructions on the back of this form)

- 1. () Under 18. **ATTACH W-2 AND PROOF OF BIRTHDATE**
- 2. () Unreimbursed business expenses. **ATTACH COPY OF W-2, 2106 EXPENSE, SCHEDULE A, AND FEDERAL RETURN.**
- 3. () Days Worked Outside Ohio – (Non-residents only) See instructions.
Attach a list by date: (Beginning & ending date) for:
 - 1) Days worked outside Ohio
 - 2) Places where services were performed
 - 3) Duties performed

EMPLOYER’S CERTIFICATION - To be Completed by Employer (see reverse side for instructions)

I/We verify that during 20__ I/We withheld Village of Richfield income tax from the above named employee in excess of his liability for the tax based on the following computations.

- () Verify that days worked outside Ohio, and places and duties where work was performed, are true as stated by employee
- () Verify that driver drives in 2 or more states, not including Ohio
- () Verify that unreimbursed business expenses are/will not be reimbursed

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 Village of Richfield have been or will be made for said tax.

SIGNED: _____ BY: _____ DATE: _____
Employer Title

I certify that the facts and allegations contained in the above statement are true. I authorize the disclosure of the information herein to any lawful taxing authority affected by the refund.

_____/_____/_____
Date Taxpayer Signature Daytime Phone# Evening Phone#

