



Non-Resident Employee Refund Application For Days Worked Out of Dublin

(Instructions on reverse side)

P.O. Box 800
Dublin, OH 43017

Name of Applicant: _____

Current Address: _____

City/State/Zip: _____

Social Security No. _____

Year: _____ Salary: _____ Tax Withheld: _____

Area to be completed by those individuals traveling outside Dublin during year.

Vacation _____ days: Holidays _____ days: Sick Leave _____ days: Total (1) _____

260 less (1) _____ = (2) _____ days worked

Salary \$ _____ / (2) _____ = (3) average rate per day worked \$ _____

(2) _____ less @ _____ total days worked out of Dublin = (4) _____ days in Dublin

(4) _____ x (3) \$ _____ = (5) \$ _____ taxable wages for Dublin

(5) \$ _____ x 2% = (6) \$ _____ Dublin Tax Due

REFUND DUE \$ _____. If tax withheld in error, enter total withheld. If refund is due to days worked out of Dublin, subtract (6) from tax withheld.

Reason: _____

Claimant declares that after examining this for that is to the best of his/her knowledge, true, correct and complete. Claimant further states that said refund has not been received by him/her.

Signed: _____ Date: _____ Phone: _____

CERTIFICATION OF EMPLOYER

I/We hereby certify that the above employee 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 the year _____; that said employee was not during the period claimed above, working inside corporate limits of the City that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the City.

Name of Employer FID# _____ Date: _____ Phone: _____

Name of Authorized Personnel

Signature and Title of Authorized Personnel

NOTICE: * This refund may result in a balance due to your resident city and/or Federal and State tax returns.
* Please allow 90 days for processing of your refund request.

NON-RESIDENT EMPLOYEE REFUND APPLICATION FOR DAYS WORKED OUT OF DUBLIN

INSTRUCTIONS

1. All claims must be properly signed.
2. An employee who is claiming a refund of taxes withheld must list his/her employer's names and addresses and attach his/her wage statement(s) showing Dublin Tax withheld (Forms W-2).
3. The average working year consists of 260 days (Saturday and Sunday are not considered working days).
4. Training sessions, seminars, meetings, temporary or casual employment, 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.
5. Complete calendar indicating city locations worked outside Dublin. Also, indicate vacation, holidays and sick leave days taken on calendar as well.
6. Employer's certification **MUST BE** completed by authorized officer or agent.
7. Attach copies of Federal forms as may be applicable.
8. No refund of less than one dollar (\$1.00) will be made.
9. Refund requests will not be honored beyond (3) years from the date the taxes were due.
10. Refunds are issued within 90 days after the City has receipt of the correctly completed Refund Application and itinerary forms, or after receipt of the employer's correct W-3 reconciliation form, including all W-2 information, whichever is later.

NOTE: INCOMPLETE CLAIMS CANNOT BE APPROVED AND WILL BE RETURNED TO CLAIMANT.

In addition, please be advised that we will be notifying your resident city and those Ohio cities shown on your itinerary who also have an income tax. It appears that one of the intentions of the new State law is to hold the employee responsible to pay either the city where the work was performed or the base city of employment, when both are taxing municipalities. Since you are receiving a refund of taxes withheld for your base city of employment, the work city or city of residence may elect to pursue recovery of those dollars.

If you have any questions, call 410-4460, toll free at 888-490-8154 or TDD (614) 410-4400 or visit our Web site: www.dublin.oh.us

2014 Calendar

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2014 Calendar

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TOTAL DAYS WORKED OUT OF DUBLIN _____ @ (PLACE THIS NUMBER ON PAGE 1 OF THIS FORM IN SHADED AREA INDICATED WITH @)