

**Village of South Amherst**  
**103 W. Main Street**  
**South Amherst, OH 44001**

**Phone (440) 988-2877**  
**Fax (440) 988-3535**

Year \_\_\_\_\_ **Application for Refund**

Your first name and initial	Last Name
Home Address (number and street)	Apt No
City, state and zip code	

Your social security number	Spouse's social security number
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**INDICATE IN THE BLOCK BELOW THE KIND OF CLAIM FILED**

A).  Refund of Municipal Income Tax withheld on wages earned in a non-taxing community. (Attach a travel log listing dates and places traveled for business, indicating the number of business days out \_\_\_\_\_/260 days.) The following formula is used to arrive at the percentage of income to be excluded from tax:

$$\frac{\text{Days Worked Out of the Village}}{\text{Total Working Days (260)}} \times \text{Local Wages} = \text{Amount Excluded}$$

Saturdays, Sundays, sick days, vacation days and holidays are not to be counted as days worked out of the city. Total working days should be 260, unless you worked a partial year. On the income earned while traveling, you will owe residence tax to your home city at the full percentage rate.

B).  Refund of Municipal Income Tax withheld in error (Explain)

- Under 18 years of age – Date of Birth \_\_\_\_\_ Attach W2 form and proof of Birthdate.
- Unreimbursed business expenses. Attach copy of W2 form and 2106 expenses.
- Other \_\_\_\_\_

**Computation of Overpayment**

- 1). Wages as reported on W-2 Form (Attach W-2s).....1). \_\_\_\_\_
- 2). Less Wages Not Subject to Tax.....2). \_\_\_\_\_
- 3). Net Taxable Wages.....3). \_\_\_\_\_
- 4). Correct Tax.....4). \_\_\_\_\_
- 5). Less Tax Withheld.....5). \_\_\_\_\_
- 6). Refund Requested.....6). \_\_\_\_\_

I declare under the penalties of perjury that this claim (including any accompanying statement), has been Examined by me and to the best of my knowledge and belief is true and correct. I authorize the disclosure of the information herein to any lawful taxing authority affected by the refund.

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**EMPLOYER'S CERTIFICATION (To be completed by employer)**

We have reviewed the above calculations and attachments and believe them to be true and correct. I/we verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustment to my/our withholding account with the Village of South Amherst have been or will be made for said tax.

Employer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Company \_\_\_\_\_ FEIN \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_