

City of Moraine Refund Request

Tax Year: _____

General Instructions: Any incomplete or unsigned sections will delay the processing of this request.

This form is to be used by individuals who are requesting a refund for days **NOT** worked in Moraine or for taxes that were withheld in error by their employer.

- 1) All claims must be signed by the employee.
- 2) The employer certification must be signed by an authorized representative.
- 3) If you moved in or out of Moraine during the year, you must enter the dates of residency.
- 4) If you are claiming a refund for days **NOT** worked in Moraine, you must provide a list of the dates and cities where the work was performed on the back of this form.
- 5) If you are requesting a refund due to your employer withholding in error, you must provide a letter from the employer stating the error.
- 6) Refund requests will not be honored beyond three (3) years from the date the taxes were due.
- 7) If all information by employee and employer is submitted, refunds are issued within 90 days.

Check if you worked from home, in another City <input type="checkbox"/>		Check if you filed a Moraine return last year <input type="checkbox"/>
Last Name:	Employer Name:	SSN:
First Name:	Employer Street Address:	Partial Year Resident: From _____ to _____
Current Street Address:	Employer City, State & Zip Code:	If moved into Moraine, Previous Address:
Current City, State & Zip Code:	Address where work performed:	

Reason for Refund Request:

Tax Calculation: This must be completed by the employee **Attach a copy of the W-2 showing Moraine tax withheld**

Line 1	Total Wages Taxable to Moraine: From computation on reverse side of form	\$ _____
Line 2	Moraine Tax Due: Line 1 multiplied by 2.5% (.025)	\$ _____
Line 3	Moraine Tax Withheld: Amount from box 19 on attached W-2	\$ _____
Line 4	Refund Requested: Line 3 minus Line 2	\$ _____

I declare that the information given on this form is true and complete to the best of my knowledge, and that a refund has not previously been requested or received by me for the same period covered by this request. I authorize the City of Moraine to furnish my city of residence or city of employment a copy of this refund request.

Signature:

Date:

Daytime Phone #:

Employer Certification: This must be completed by the employer, request cannot be processed without this verification

I verify that during the period covered by this claim, the above named employee worked outside the City of Moraine for _____ days. Income tax in the amount of \$ _____ was withheld and paid to the City of Moraine in excess of the employee's liability based on the above stated facts and computation provided on the reverse side of this form. No portion of these taxes has been or will be refunded directly to the employee by the employer and no adjustments have been or will be made to our withholding tax paid to the City of Moraine.

Employer Authorized Representative Signature:

Employer Authorized Representative Printed Name:

Employer Authorized Representative Title: Date:

Employer Authorized Representative Phone #:

