Income Tax Division

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CITY OF MORAINE
2021 Refund Request

Email: incometax@moraineoh.org
Website: www.ci.moraine.oh.us

General Instructions:

This form is to be used by individuals who are claiming a refund for days worked out of town or for taxes withheld in error by their employer. Any incomplete or unsigned sections will delay the processing of this request.

1. All claims must be signed by employee and the employer certification must be signed by an authorized agent.
2. Enter the information in the spaces provided for name, address and SSN number.
3. If you moved in or out of the city during the year, enter the dates of your partial year residency.
4. If you are claiming a refund for days worked out of town, provide a list of cities and dates. This list must be included with or your refund form or the refund may be denied or delayed due to an incomplete filing. Do **not** include **Vacation, Sick, Holiday or Personal** days as days worked out of the city.
5. If you are claiming a refund due to a withholding error by your employer, the employer must provide a letter stating the error.
6. Refund request will not be honored beyond three (3) years from the date the taxes were due.
7. Refunds are issued within 90 days provided the city has received the employer's correct W-3 reconciliation form, including all W-2 information.
8. **Please check here if your request is in regard to working at home during/after the Covid-19 Health Emergency.** ☐

Fill in all spaces below in this section.

Last Name:	City of Residence:	Primary SSN _____-____-_____
First Name:	City of Employment:	Phone # _____
Address:	Employer:	Partial Year Resident From_____ to _____
City, State, Zip Code:	Address Where Services Performed:	Previous Address: _____ _____

BASIS FOR REFUND: Give a brief description **and** complete the computation worksheet on the reverse side of this form.

_____

_____

Did You File a Return Last Year?

☐ YES   ☐ NO

Part 1.	**Tax Calculation** *(TO BE COMPLETED BY CLAIMANT)*

ATTACH A COPY OF WAGE STATEMENT-(W-2) SHOWING MORAINE TAX WITHHELD

Line 1.   Total Wages Taxable to Moraine (From computation 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 W-2 attached) $_____

Line 4.   **Refund Due**   (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 claimed or received by me for the period covered by this claim. I authorize the City of Moraine to furnish my city of residence or city of employment a copy of this refund document.
Please sign, date and provide a daytime phone number.

Signed: _____   Daytime Phone: _____   Date: _____

Part 2.	**Employer's Certification**

INSTRUCTIONS FOR PART II (To be completed by Employer) The employee's refund claim can not be honored without the employer's verification of Moraine tax withheld and number of days attributable to work done or services performed outside the corporate limits of Moraine and not subject to Moraine tax.

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

Employer Signature_____   Print Name_____

Title_____   Telephone #_____   Date _____

CALCULATION WORKSHEET

The average work year consists of 261 days. (Saturdays and Sundays <u>ARE NOT CONSIDERED WORKING DAYS</u>.)

Line 1. Total work days available.
(365 minus weekends not worked) _____   Example: 261

Line 2. Days worked out of town
(from worksheet below) _____   Example :   70

Line 3. Subtract Line 2 from Line 1 _____   Example: 191

COMPUTATION: ****Enter**
This amount
_____divided by_____ multiplied by $_____ = $ _____   **on Part 1**
(Line 3 above)   (Line 1 above)   (Wages from Box 5 on W-2)   (Wages taxable to Moraine)   **Line 1****

If you travel daily, please list start and end locations

<u>Start Location</u> _____ <u>End of Day Location</u>_____

<u>Please list Dates worked outside the City of Moraine or Attach Itinerary.</u>

LOCATION CITY												
Week Ending	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Days	Purpose of Trip

Total number of days worked outside of Moraine. _____