

VILLAGE OF CARROLL INCOME TAX DEPARTMENT

FOR DEPARTMENT USE ONLY

CLAIM FOR REFUND

TAX ADMINISTRATOR
TIMOTHY E. OATNEY, C.P.A.
121 East Sixth Avenue, Suite 105
Lancaster, OH 43130-2595
740-687-1192

FOR NONRESIDENTS ONLY
This form must cover one calendar year
and one employer only.

FORM W-2 MUST BE ATTACHED

- 1. Name of Applicant
2. Present Address
3. Soc. Sec. No.
4. Telephone Number
5. The undersigned hereby makes claim for refund of Village of Carroll Income Tax in the amount of
6. While in the employment of
7. For the period (dates)
8. Applicant's address during this period
9. Reason (Explain fully, complete worksheet on page 2, and attach schedule of dates and locations worked out.)

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM. TAXPAYER ALSO UNDERSTANDS THIS INFORMATION MAY BE RELEASED TO TAX ADMINISTRATION OF THE CITY OF RESIDENCE AND THE I.R.S.

DATE SIGNED PHONE
(Claimant's Signature)

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 20; that said employee was not during the period claimed above working inside corporate limits of the Village of Carroll; that no portion of said tax withheld has been or will be refunded to said employee; and no adjustment has been or will be made in remitting taxes withheld to the Village of Carroll.

(Name of Employer) By: (Signature of Officer)

Date E.I.No. (Title) (Phone)

NOTICE: This refund may result in an amendment to Federal, State, or other City tax returns. Refunds of \$10.00 or more are reported to I.R.S. Please allow 6-8 weeks for processing of your refund request.

PAGE 2 MUST BE COMPLETED
IF ALL INSTRUCTIONS ARE NOT FOLLOWED, CLAIM WILL NOT BE APPROVED AND WILL BE RETURNED.

VILLAGE OF CARROLL INCOME TAX REFUND CALCULATIONS
NONRESIDENT FORMULA

_____ Year _____ Name _____

_____ Days Worked Out Salary (Box 5 W-2) _____

Withheld _____ Village of Carroll

Vacation _____ Days; Holidays _____ Days; Sick Leave _____ Days; Total (1) _____ Days

260 Days Less (1) _____ = (2) _____ Days Worked

\$ _____ Salary ÷ (2) _____ = (3) \$ _____ Average Rate Per Day Worked

(2) _____ Less _____ Days Worked Out = (4) _____ Days Worked in Village of Carroll

(4) _____ x (3) \$ _____ = (5) \$ _____ Taxable Wages For Village of Carroll

(5) \$ _____ x .0075 = (6) \$ _____ Tax Due

\$ _____ Withheld Less (6) \$ _____ = Refund Due \$ _____

REMARKS:

IF ALL INSTRUCTIONS ARE NOT FOLLOWED, CLAIM WILL NOT BE APPROVED AND WILL BE RETURNED

**VILLAGE OF CARROLL
CLAIM FOR REFUND
GENERAL INSTRUCTIONS**

- (A) BY WHOM THIS CLAIM FORM IS TO BE USED.
1. A **nonresident** who performs no service within the corporate limits of the Village indicated and whose Carroll income tax has been withheld by his employer.
 2. An **employer** who has remitted to the Village indicated in error, Carroll income tax withheld from his employees.
- (B) This claim must set forth in detail each ground upon which it is made, and facts sufficient to apprise the Income Tax Division of the exact basis thereof.
- (C) In the case of an employee, claimant's copy of **Form W-2 must be attached.**
- (D) The working year consists of 260 days (Saturday and Sunday are not considered working days). Sick, vacation and holiday pay should be prorated in same portion as time worked out of the Village indicated. (260 minus sick, vacation and holidays equals days worked. Total wages divided by days worked equals wages per day. This times days worked outside Village limits equals non-liability). **SEE NONRESIDENT FORMULA, page 2, Form RF-1.**
- (E) Certification of employer must be completed by employer or his authorized officer or agency.
- (F) An employer applying for refund of Carroll income tax paid in error in excess of the amount of tax withheld by him, must file an amended Form W-1 showing accurate figures for the quarter so affected.
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INSTRUCTIONS FOR COMPLETING CLAIM FORM

- Line 1. Print full name (Do not use initials). Print last name first, first name and middle initial.
- Line 2. Print current full address including city and zip.
- Line 3. Clearly show social security number and city where you worked.
- Line 4. Enter home and business phone. This will expedite processing if contact needs to be made.
- Line 5. Amount of refund applied for.
- Line 6. Give full name of employer during period covered by this claim.
- Line 7. State the period by dates that this claim covers within a calendar year.
A separate claim must be filed for each year involved.
- Line 8. Show resident address for period of time covered by the claim.
- Line 9. Explain fully and concisely why City income tax should be refunded. **ATTACH SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE THE VILLAGE** and any other pertinent information if the space provided is insufficient.
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AND WILL BE RETURNED**

REFUND REQUESTS WILL NOT BE HONORED beyond three years from the date the taxes were due.