VILLAGE OF SUGAR GROVE
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 Sugar Grove income tax has been withheld by his employer.
2. An **employer** who has remitted to the Village indicated in error, Sugar Grove 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 Sugar Grove income tax paid in error in excess of the amount of tax withheld by him, must file an amended Form W-3 showing accurate figures for the quarter so affected.

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.

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

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