

FOR DEPARTMENT USE ONLY

VILLAGE OF SUGAR GROVE INCOME TAX DEPARTMENT

CLAIM FOR REFUND

TAX ADMINISTRATOR
TIMOTHY E. OATNEY, C.P.A.
121 E. SIXTH AVE., SUITE 105
LANCASTER, OHIO 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 _____
Last Name First Name Middle

2. Present Address _____
Street and Number City Zip

3. Soc. Sec. No. _____—_____—_____ City of Employment _____

4. Telephone Number Home _____ Business _____

5. The undersigned hereby makes claim for refund of Village of Sugar Grove 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 Sugar Grove; 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 Sugar Grove.

(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 SUGAR GROVE INCOME TAX REFUND CALCULATIONS NONRESIDENT FORMULA

_____ Year _____	_____ Name _____
_____ Days Worked Out	Salary (Box 5 W-2) _____
	Withheld _____ Village of Sugar Grove
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 Sugar Grove	
(4) _____ x (3) \$ _____ = (5) \$ _____ Taxable Wages For Village of Sugar Grove	
(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