

CITY OF FAIRFIELD INCOME TAX

CITY OF FAIRFIELD
INCOME TAX DEPARTMENT
701 Wessel Drive
Fairfield, Ohio 45014

REFUND REQUEST FORM

PART I [] Check here if you are a remote worker/telecommuter (Complete Sections A, B & C and Schedule 1)
Check at least one: [] Non-Resident [] Under Age 18

TO BE USED ONLY BY PERSONS UNDER AGE 18 AND FULL-YEAR, NON-RESIDENT INDIVIDUALS WITH W-2 WAGE INCOME

A. NAME AND CURRENT ADDRESS: For the Calendar Year _____
Refund Claimed \$ _____
Social Security No. _____

Address during claim period: _____

Employer's Name _____

Work Address (may not be W-2 address) _____

B. COMPUTATION OF OVERPAYMENT:

- 1. Income Earned (Typically Box 18 of form W-2)..... \$ _____
2. FairfieldTax Withheld (attach copy of form W2) \$ _____
3. Earnings Subject to FairfieldTax (from below) \$ _____
4. Fairfield Tax (1.5% of line 3) \$ _____
5. Overpayment Claimed (line 2 minus line 4) \$ _____

Please note that in accordance with Ohio Revised Code Section 718.19, refunds requested of \$10.00 or less cannot be issued.

C. BASIS FOR REFUND: Give brief but complete explanation. If applicable, complete days out computation below.

REMOTE WORKERS PROCEED DIRECTLY TO SCHEDULE 1.

D. CALCULATION of DAYS WORKED OUTSIDE THE CITY OF FAIRFIELD:

- 6. Total days available _____
7. Less: Vacation days _____
Sick days _____
Holiday days ()
8. Total Available Working Days _____
9. Less: Days worked outside Fairfield (attach schedule) ()
10. Days worked in the City of Fairfield _____

(Line 10 days) _____
X \$ _____ = \$ _____
260 Total Wages (Line 1) Adjusted Wages Subject to Fairfield Tax
(Enter on Line 3)

**PART II - EMPLOYER'S CERTIFICATION (Read Carefully) – Not required for persons under age 18 or remote workers.
(Remote workers and their employers should sign Schedule 1)**

Name of Employee _____
Home Address on Record _____
Employee's Employment Dates _____
 Date of Hire Date of Separation (enter date or continues)

The undersigned employer representative states that during the year referenced above, the employer withheld municipal income tax from the above named employee in excess of the employee's liability as calculated above; that the above named employee was employed during the period referenced above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and, that the employer representative can attest that the information reported on this claim is true and accurate.

The undersigned employer representative also certifies that for any portion of days listed as working at home or another location due to COVID-19, the employee was working and not on paid leave.

EMPLOYER NAME: _____ FEI #: _____
REPRESENTATIVE SIGNATURE: _____ DATE: _____
REPRESENTATIVE PRINTED NAME: _____
TITLE: _____ TELEPHONE: _____

PART III – TAXPAYER'S SIGNATURE - Required

In accordance with ORC 718.13; the City of Fairfield will furnish your city of residence and any employment city a copy of this refund document.

Under penalties of perjury, I declare that this claim, to the best of my knowledge and belief, is true, correct and complete. I understand that this information may be released to the tax administrator of the resident or other workplace municipality and the Internal Revenue Service.

SIGNED: _____ DATE: _____
(Taxpayer's Signature)

REFUND REQUEST GENERAL INSTRUCTIONS

This form is to be used only by persons under the age of 18 and/or full-year, non-resident individuals claiming a refund of Fairfield income tax withheld in excess of their actual liability.

Please attach a copy of your form W-2. If you are under the age of 18, you must provide verification of your age (driver's license, certificate of birth or passport).

PART I: If any portion of your refund claim is due to days working at home or another location away from your regular place of work due, you must check the box for remote worker.

SECTION A: List name, current mailing address, calendar year of refund claim, amount of refund and your social security number. List address during claim period if different from your current address. List your employer's name and your physical work address.

SECTION B:

1. Enter total wages subjected to Fairfield tax by your employer. Typically this will be reported in Box 18 of your form W-2.
2. Enter the Fairfield tax withheld as shown in Box 19 of your form W-2.
3. Enter the wages which should have been subject to Fairfield tax. Persons under the age of 18 for entire year should enter zero. If you turned age 18 during the year, attach computation showing wages earned prior to and after turning 18. All other filers should complete the days worked outside Fairfield computation from Section D.
4. Line 3 x 1.5% (0.015).
5. Enter the difference between Line 2 and Line 4. Amount of refund requested must exceed \$10.00.

SECTION C: Basis for refund: A brief but complete explanation by the taxpayer is required regarding the reason for the overpayment to be refunded. If duties require travel, you must provide a list of dates worked out of Fairfield. Your schedule must include the physical address where services were performed and the reason for your travel.

Remote workers proceed directly to Schedule 1.

SECTION D:

6. If you normally work a 5-day workweek and you worked for your employer for the entire year, enter 260 (52 weeks x 5 days.) Otherwise, enter the number of days you normally worked in a week times the number of weeks worked.
7. Enter your vacation, sick and holiday days.
8. Enter line 6 less line 7.
9. Enter the number of days worked outside Fairfield from your attached travel log. See Section C for the schedule requirements. Do not include any day at home due to COVID-19 that was considered paid leave and not a full work day.
10. Enter line 8 less line 9. Compute the amount to be entered as taxable wages on Line 3 by multiplying the total compensation by the ratio of days worked in the City of Fairfield over the total available working days.

PART II: The employer must complete all requested information and provide a signature. The employer certification is not required for taxpayers under the age of 18 or persons claiming remote worker.

PART III: Your signature is required in order to validate this request.

SCHEDULE 1

NAME _____

TAX YEAR _____

A refund of tax withheld is requested as I am a remote worker. My principal place of work is _____.

(HOME ADDRESS)

**DAYS WORKED INSIDE CITY OF FAIRFIELD
DAYS AVAILABLE COMPUTATION**

	EXAMPLE	YOUR CALCULATIONS
TOTAL DAYS AVAILABLE (365 minus weekends not worked) Salaried individuals enter 260	260	
LESS: HOLIDAY DAYS	(10)	
VACATION DAYS	(10)	
SICK DAYS	(5)	
TOTAL AVAILABLE WORKING DAYS	<u>235</u>	
DAYS WORKED INSIDE CITY OF FAIRFIELD (Complete following schedules)		
DAYS WORKED OUTSIDE FAIRFIELD (Total available days less Fairfield days)		

Under penalties of perjury, I declare that this claim, to the best of my knowledge and belief, is true, correct and complete. I understand that this information may be released to the tax administrator of my resident city.

Taxpayer Signature

Date

I agree that the employee worked as indicated on the following schedules and that no withholding taxes have been refunded to the employee.

Employer's Signature

Date

Employer's Printed Name

Telephone Number

Title

SCHEDULE 1

DAYS WORKED INSIDE THE CITY OF FAIRFIELD

WORK LOCATION (S)	WORK LOCATION (S)	WORK LOCATION (S)
JANUARY	FEBRUARY	MARCH
DATE	DATE	DATE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29		29
30		30
31		31

JANUARY
DAYS IN _____

FEBRUARY
DAYS IN _____

MARCH
DAYS IN _____

SCHEDULE 1

DAYS WORKED INSIDE THE CITY OF FAIRFIELD

WORK LOCATION (S)	WORK LOCATION (S)	WORK LOCATION (S)
APRIL	MAY	JUNE
DATE	DATE	DATE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
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26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
	31	

APRIL
DAYS IN _____

MAY
DAYS IN _____

JUNE
DAYS IN _____

SCHEDULE 1

DAYS WORKED INSIDE THE CITY OF FAIRFIELD

WORK LOCATION (S)	WORK LOCATION (S)	WORK LOCATION (S)
JULY	AUGUST	SEPTEMBER
DATE	DATE	DATE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
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23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	

JULY
DAYS IN _____

AUGUST
DAYS IN _____

SEPTEMBER
DAYS IN _____

SCHEDULE 1
DAYS WORKED INSIDE THE CITY OF FAIRFIELD

WORK LOCATION (S) OCTOBER	WORK LOCATION (S) NOVEMBER	WORK LOCATION (S) DECEMBER
DATE	DATE	DATE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
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31		31

OCTOBER NOVEMBER DECEMBER
DAYS IN _____ DAYS IN _____ DAYS IN _____

TOTAL DAYS WORKED INSIDE CITY OF FAIRFIELD _____