APPLICATION FOR REFUND

Tax year_____

Your social security number	Spouse's social security number
First name and initial Last name	
If joint return, spouse's first name and initial Last name	
Address	
City, State & Zip Code	

Mail To:

CITY OF WOOSTER
INCOME TAX DEPT

PO BOX 1088
WOOSTER OH 44691

www.woosteroh.com

QUESTIONS?
(330) 263-5226

No refund will be issued without the proper documentation indicated by reason for claim

Reason for Claim

1 ☐ **Under 18 years of age.** Date of Birth: __/__/__. Attach W-2 and copy of your birth certificate or a copy of your driver's license; complete lower section of this page. If you were under 18 for part of the year your employer must complete the Employer's Certification on page 2 certifying your wages earned prior to turning 18.

2 ☐ **Days worked outside of Wooster for which tax was withheld.** Attach W-2, complete calculation of days worked outside Wooster, log of days worked outside Wooster on page 2, and employer certification must be completed, DO NOT complete claim below.

3 ☐ **2106 Employee Business Expenses- Limited to 2% AGI.** Attach copy of your W-2, Federal 1040, Federal Schedule A and 2106 form; complete lower section of this page. Employer does NOT need to complete employer's certification on page 2.

4 ☐ **Other (explain).** Attach W-2 and other documentation supporting your claim. Your employer must sign Employer Certification on page 2

Claim

1	**Wages.** Box 5, or 18 from your W-2.	1	
2	**Less Income Not Taxable.** 2106 expense, Under 18 Wages, Other etc.	2	( )
3	**Adjusted Taxable Income.** Subtract line 2 from line 1.	3	
4	**Wooster Income Tax 1.5%.** (.015) of line 3.	4	
5	**Wooster Tax Withheld.** Enter amount in box 19 of your W-2	5	
6	**Estimated Tax Payments or Overpayments from Prior Years.**	6	
7	**Total Credits.** Add lines 5 and 6.	7	
8	**Amount of Refund Requested.** Subtract line 4 from line 7.	8	

Taxpayer's Signature

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that this information may be released to the tax administrator of the municipality of residence or other municipalities in which work was performed or the Internal Revenue Service. I further understand that if I have a balance due for prior year(s), this refund will be applied to that balance before issuance.

_____   _____

Taxpayer's Signature   Date

_____   _____

Spouse's Signature   Date

Preparer's Signature   Phone Number Date

Do you authorize your preparer to contact us regarding this return?   Yes ☐ No ☐

To avoid delays or a denial of your refund:
Complete required fields as indicated by "Reason for Claim"
Attach all required documents indicated under your "Reason for Claim"
All incomplete applications will be returned

Calculation of Days Worked Outside of Wooster

1 **Total workdays available**. If you normally work a 5 day work week and you worked for your employer for the entire year, enter 260 (52 weeks times 5 days). Otherwise, enter the number of days you normally worked in a week times the number of weeks worked (cannot exceed 260).	1	
2 **Days not worked**. Enter # of days included on line 1 that you did not work due to holidays, personal days, sick days, and vacation days.	2	
3 **Total days actually worked.** Subtract line 2 from line 1	3	
4 **Days worked out of town.** A log of days out, destination, and reason for travel must be included (see below). If you worked more than 12 days in another municipality (city or village) that has an income tax, attach a copy of the tax return filed with that municipality.	4	
5 **Days worked in the municipality for which tax was withheld.** Subtract line 4 from line 3.	5	
6 **Total days taxable to the City of Wooster.** Add line 2 & line 5	6	
7 **Percentage of wages earned in the municipality.** Divide line 6 by line 1.	7	
8 **Total municipal taxable wages.** Enter the larger of Box 5 or 18 from your W-2.	8	
9 **Wages taxable to municipality for which tax was withheld.** Multiply line 7 by line 8.	9	
10 **Wages not taxable to the municipality for the which tax was withheld.** Subtract line 9 from line 8.	10	
11 **Amount of over withholding claimed.** Multiply line 10 by 1.5% (.015).	11	

Log of Days Out

List the names of the municipalities/locations where you worked while traveling, the reason for your travel, and the number of days worked at your travel destination. Your own worksheet is acceptable. Use additional paper if necessary.

Work Location	Reason	#Days
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total number of days worked out of Wooster		

Employer Certification

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 referenced 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. In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

Representatives' Signature   Title   Date

Print Representative's Name   Phone Number

Taxpayer's Signature

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this information may be released to the tax administrator of the municipality of residence or the Internal Revenue Service. I further understand that if I have a balance due for prior year(s), this refund will be applied to that balance before issuance.

Taxpayer's Signature   Date

Spouse's Signature   Date

Preparer's Signature   Date   Phone Number
Do you authorize your preparer to contact us regarding this return?   Yes ☐   No ☐