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


(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.
$2 \square$ 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 $\square$ 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 Income Not Taxable. 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.


## Calculation of Days Worked Outside of Wooster



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.

Title
Phone Number

## Date

## 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
Spouse's Signature

Do you authorize your preparer to contact us regarding this return?

Date
Date

Yes
Phone Number
No

