

City of Greenville Income Tax Department
100 Public Square, Greenville, OH 45331
P: (937)548-5747 F: (937)548-3035
E: incometax@cityofgreenville.org

CITY TAX ADJUSTMENT

Tax Year: _____

PART A To be completed by Applicant (General instructions are on the reverse of this form)

Account #: _____ Social Security #: _____

Name: _____ Phone#: _____

Present address: _____

Address during claim period: _____

Dates you resided at this address: From _____ To _____

City of employment: _____ Employer name: _____

Employer's address: _____

Address where work was performed: _____

Applicant's computation of amount claimed:

- | | | |
|------------------------------------|--|----------|
| A. Total Greenville taxable income | (From computation in Part C) | \$ _____ |
| B. Greenville tax due at 1.5% | | \$ _____ |
| C. Greenville tax withheld | (From W-2s – Attach all W-2s to claim) | \$ _____ |
| D. REFUND CLAIMED | (Line C minus Line B) | \$ _____ |

Explanation of refund: (Give brief explanation and show any applicable computations on back)

By signing this claim form, I certify that all facts and figures are true and complete to the best of my knowledge, and that no such refund has previously been claimed or received by me for the period covered by this claim. I authorize the City of Greenville to release this information to my city of residence or employment.

(Signature) (Date)

PART B CERTIFICATION OF EMPLOYER To be completed by employer

(Signatures from both personnel/payroll and supervisor are required, unless personnel/payroll and supervisor are one in the same.)

I/We certify that during the tax year _____, City of Greenville income tax was withheld from the above named employee in excess of liability for the tax based on the computation in Part A (Section A, B, C and D regarding taxable income and income tax withheld.

I/We certify that no portion of said tax has been or will be refunded directly to the employee and that no adjustment has been or will be made to my/our withholding account with the City of Greenville.

(Name of authorized payroll/personnel/supervisor) (Signature) (Date)

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PART C

Compute the amount to be entered as taxable city income by multiplying the total compensation by the ratio of actual days worked.

- A. Total days available _____
(Standard working year is 260 days as Saturdays and Sundays are not typically considered working days)
- B. Less: Days worked out of town _____
- C. Days on the job in Greenville (A minus B) _____

COMPUTATION:

$$\frac{\text{Line C}}{\text{Line A}} \times \frac{\text{Total Wages}}{\text{Total Greenville taxable income}} = \$$$

Transfer the amount of Taxable City Income to Part A, Line A on page one of this form and complete the calculations.

GENERAL INSTRUCTIONS FOR REFUND REQUEST FORM

This form is for use by individuals claiming a refund of city tax withheld in excess of their liability. Indicate the calendar year for which the refund is claimed. If the individual has other income, the standard city income tax return must also be used. If a refund is claimed for tax withheld by more than one employer, a separate refund request form must be completed for each employer. All forms must be submitted together.

The completed form plus all attachments (W-2s, computation worksheets, etc.) is to be submitted to the City of Greenville Income Tax Department at the address shown on the front of this form.

Please Note:

1. Both pages of this form must be completed and signed to receive refund. Missing or incorrect information will delay your refund.
2. No refund of ten dollars (\$10.00) or less will be made.
3. Refund requests will not be honored beyond three years from the date the original tax return was due. A separate form will need to be completed for each tax year.
4. Part B, Certification of Employer must be completed by an authorized official of the employer. Both signatures are required from both personnel/payroll and supervisor unless personnel/payroll and supervisor are one in the same. No person claiming a refund may certify their own refund request or have the certification completed by a subordinate employee.
5. Please allow ninety (90) days for the processing of your refund request. Incomplete claims cannot be approved or processed and will be returned to the applicant.