



# Non-Resident Taxpayer Refund Request Form City of Ashtabula

For Tax Year \_\_\_\_\_

Please attach W-2(s)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

**\*This section to be completed by taxpayer\***

- a) Total available working days: 260
- b) Less: days worked out of town \_\_\_\_\_  
*(log of days worked out, destination, and reason for travel must be included - unless acknowledges by employer below)*
- c) Days worked in municipality \_\_\_\_\_

**Computation:**

	/260 x \$		= \$		
(line c)	(line a)	(salary)		(taxable income)	
	x .018 = \$		- \$		= \$
(taxable income)		(Ashtabula tax due)		(Ashtabula withholding)	(refund amount)

I certify that the facts and allegations contained on this form and on any accompanying schedules are true. I understand that this information may be released to the tax administrator of the resident city and the IRS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Taxpayer Signature)*

**Certification of Employer**

I/we, hereby certify that the above employee was employed by the undersigned during the period the employee makes claim for refund. The total amount of \$ \_\_\_\_\_ was withheld for the year \_\_\_\_\_. The employee was not working inside corporate limits of the city during the period claimed above. No portion of tax withheld has been or will be refunded to employee, and no adjustment has been or will be made in remitting taxes withheld to City.

Name of Employer: \_\_\_\_\_ FID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signed \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_