

Send Completed Form To:

Office Use Only:

Municipality of Carlisle
Income Tax Department
760 W. Central Ave.
Carlisle, Ohio 45005

MUNICIPALITY OF CARLISLE
INCOME TAX
REFUND REQUEST FORM
For Calendar Year 20____

Refund Approved Denied
Amount of Refund \$ _____
Journal Voucher No. _____
Date of Audit _____

PART I – TO BE COMPLETED BY CLAIMANT (See reverse side for instructions)

Name and Present Address _____

** Reason for Refund _____

Social Security Number _____ Amount of Claim \$ _____

Address during claim period _____

Employers Name and Address _____

Computation of Overpayment:

- 1. Income Earned \$ _____
- 2. Carlisle Tax Withheld (Attach copy of W-2) \$ _____
- 3. Earning subject to Carlisle Tax \$ _____
- 4. Carlisle Tax (1.5%) of line 3 \$ _____
- 5. Overpayment claimed – Line 2 minus Line 4 \$ _____

A. Basis for refund: Claimant must provide all pertinent information and facts on which a claim is based. Use reverse side of form or separate attachment for proper information to further substantiate claim. If required to travel, provide list of dates worked out of Carlisle and City where services were performed.

PART II – CLAIMANT’S CERTIFICATION (Read Carefully)

I certify that all facts and figures given are true and complete; a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the Municipality of Carlisle to, upon request, furnish my City of residence or employment, a copy of this refund document.

SIGNED: _____ DATE: _____
(Claimant’s Signature)

NOTICE: This refund may result in an amendment to Federal, State or other City tax returns. REFUNDS OF \$10.00 OR MORE ARE REPORTED TO THE IRS.

PART III – EMPLOYER’S CERTIFICATION (Read Carefully)

I verify that during 20____ the above named employee’s total salary and/or wages was \$_____ from which \$_____ Carlisle tax was withheld and remitted to the Municipality of Carlisle, Ohio. My/our records show the employee’s address was _____, for the period covered by the claim for refund, and that _____% of the employee’s compensation was attributable to work done or services performed **outside** the Municipality of Carlisle, and was payable to (Name of City of Individual) _____. I authorize the Municipality of Carlisle to, upon request, furnish the City of employee residency/or employment, a copy of this refund document. I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the Municipality of Carlisle have been or will be made for said tax.

SIGNED: _____ TITLE: _____ DATE: _____

REFUND REQUEST GENERAL INSTRUCTIONS

This form is to be used only by individuals claiming a refund of Carlisle tax withheld in excess of their actual liability. If the individual has other taxable income, the standard Carlisle Income Tax Return (Form IR) must be completed. If a refund is claimed for the tax withheld by more than one employer, a separate Refund Request Form must be completed for each employer.

INSTRUCTIONS FOR PART I (To Be Completed by Claimant)

Attach a copy of wage statement showing Carlisle Tax withheld which will be returned if requested.

SECTION A: List name and present address, social security number and amount of overpayment claimed for refund. List address during claim period and employer’s name and address in the spaces provided.

SECTION B: 1. Enter total income earned as shown on W-2.
2. Enter Carlisle tax withheld.
3. List income attributable to work done or services performed within the corporate limits of Carlisle. If all services were performed outside of Carlisle, enter “none”. If required to travel, provide a list of dates worked out of Municipality and City where services were performed.

SECTION C: Basis for refund: If a percentage of time or income is used, show the method used for computing such percentage. If number of days worked in Carlisle is used, attach a list of dates of such days.

INSTRUCTIONS FOR PART II (To Be Completed by Claimant – READ CAREFULLY)

Read this section carefully and sign name where indicated. This section must be completed in order to receive any refund due.

INSTRUCTIONS FOR PART III (To Be Completed by Employer)

The employee’s refund claim cannot be honored without the employer’s verification of total compensation, Carlisle tax withheld, the employee’s address during the period covered by the Refund Request, and the amount of earnings or percentage of the time attributable to work done or services performed outside the corporate limits of Carlisle and not subject to Carlisle Tax. To compute percentage of time worked within the Municipality of Carlisle, multiply the total compensation by the ratio of actual days worked in the Municipality of Carlisle to total days worked. Days worked only refer to the actual number of days on the job. An employee is not on the job when there is a holiday, or when he is sick or on vacation.

EXAMPLE: An employee worked 160 days in the City and 80 days out of the City, or a total of 240 working days. Report as wages earned in the City 160/240 or 2/3rds of his total wages (which would include vacation pay, holiday pay and sick pay, since all pay has the same relative tax location as the location where the employee performs his services.

NOTE: For employees paid on commission basis, the ratio of commissions earned in the Municipality to total commissions should be used instead of days worked.

Explain method used and show computation of percentage entered in PART III on reverse side.

PRIVACY ACT: It is determined the information required is necessary to protect the Municipality of Carlisle in expenditure of funds as authorized by ordinance.