

## Non-Resident Refund Request

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

**City of Carlisle**  
Income Tax Division  
760 Central Avenue  
Carlisle, Ohio 45005  
Phone: 937-746-0556  
Fax: 937-743-8178

Dear Taxpayer,

The Non-Resident Refund Request should be used if your request is the result of days worked outside of Carlisle. You must complete the form as well as an itinerary for the entire calendar year. The days worked in Carlisle, holidays, sick days, and vacation days must be verified for accuracy by your employer. This person must have legal authority to sign on behalf of the company and have direct knowledge of your work schedule.

The completed form, itinerary, and W-2 showing Carlisle withholdings can be submitted to our office for review at the mailing address, email, or fax number listed above.

In addition, please be advised that we will be notifying your resident city, if applicable. Since you are receiving a refund of taxes withheld for your base city of employment, the city of residence may elect to pursue recovery of these dollars.

Sincerely,

City of Carlisle  
Income Tax Division

**For Tax Year \_\_\_\_\_**  
**NON-RESIDENT REFUND REQUEST**

**For Days Worked Out of Carlisle  
Or Taxes Over Withheld by Employer**

During the year \_\_\_\_\_, my employment with \_\_\_\_\_ located in the City of Carlisle, required me to perform services both inside and outside the corporate boundaries of the City as follows:

**Total Days Paid** 52 Weeks @ 5 Days per Week or 260 Working Days:

(or dates of employment -beginning \_\_\_\_\_ thru \_\_\_\_\_ )

**Number of Working Days Outside Carlisle** \_\_\_\_\_

**Number of Paid Holidays, Sick Days, and Vacation Days** \_\_\_\_\_

**Number of Working Days In Carlisle** \_\_\_\_\_

**OR**

During the year \_\_\_\_\_, my employer \_\_\_\_\_ over withheld Carlisle city income taxes for the following reason:

Under penalties of perjury I hereby certify that the information provided herein is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Print Employee's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee's Street Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Employee's City, State, Zip

\_\_\_\_\_  
City of Residence

**You must attach a copy of your W-2 showing Carlisle wages and Carlisle income taxes withheld.**

**We will calculate and issue a refund (if any) based on the information provided. You will be notified of your anticipated refund amount via USPS.**

~ ~ ~ ~ ~ **EMPLOYER'S VERIFICATION** ~ ~ ~ ~ ~

The number of days work in Carlisle shown above reflect actual working days at principal place of work. Additionally, no refund of withheld taxes have been paid to employee.

\_\_\_\_\_  
Employer's / Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Employer's / Manager's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer's / Manager's Phone Number and Extension

**Please return completed form and copy of W-2 to:  
Income Tax Division - 760 Central Avenue, Carlisle, OH 45005**