

# REFUND APPLICATION

## Warren City Income Tax Dept.

Amt. Refund	_____
Check No.	_____
Mailed	_____
Approved By	_____
Acct. No.	_____

### Reason For Refund:

- \_\_\_ Under 16 years of age, attach copy of birth certificate or driver's license.
- \_\_\_ Non-resident, not working in City limits at any time during the year.
- \_\_\_ Moved from city on \_\_\_\_\_, employer continued to withhold city tax.
- \_\_\_ Job transfer from Warren to \_\_\_\_\_, employer continued to withhold.
- \_\_\_ Employer inside city, work location outside city at \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_

Amount of Refund \$ \_\_\_\_\_

**ATTACH W-2**

Dates covered under this claim \_\_\_\_\_

Employed by \_\_\_\_\_ Work Location \_\_\_\_\_

This form covers one (1) tax year only.

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.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Employee's Home Address

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

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### EMPLOYER'S VERIFICATION

I hereby certify that the above employee was employed during the period for which the claim is made and that during said period \$ \_\_\_\_\_ was withheld from the earnings paid said employee; that the total amount of \$ \_\_\_\_\_ was withheld for the entire year. **No portion of said tax withheld has been or will be refunded to said employee by the employer; and that no adjustment has been or will be made in remitting taxes withheld to the City of Warren, Ohio.**

\_\_\_\_\_  
Payroll Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Payroll Supervisor's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Payroll Supervisor's Phone Number and Extension

Forms are available at [www.warren.org](http://www.warren.org)  
or by calling (330) 841 - 2551

## GENERAL INSTRUCTIONS

### WHO SHOULD USE THIS CLAIM FORM:

1. A Non-Resident who performs no service or work within the corporate limits of the City of Warren and whose Warren income tax has been withheld by his employer.
2. Tax withheld on income earned while under sixteen (16) years of age. If you were under 16 for part of the year, your employer must complete the Employer Certification. A copy of your birth certificate or driver's license is required to verify age.
3. A part year resident who moved from the City, is no longer employed in the City, and whose employer continued to withhold Warren taxes.
4. A Non-Resident whose employer transferred him from Warren to a location outside the City of Warren, but continued to withhold Warren taxes.

Certification of Employer must be completed by the appropriate individual who has the legal authority to sign for the company and knows your work schedule.

This claim must be completed in detail and to the best of the taxpayer's knowledge and belief. The Income Tax Division reserves the right to reject any claim if sufficient facts and details are not included.

Refunds will not be issued during the same year as the tax was erroneously withheld.

There is a three (3) year limitation on all refunds. No refund will be issued for amounts under \$5.00.

A minimum percentage of 40% shall be charged all non-resident employees. A claim for refund could be granted up to 60% of the tax withheld providing proper documentation is included with the claim.

**W-2 FORM(S) FOR THE YEAR(S) BEING CLAIMED MUST BE ATTACHED. IF THE FORM IS NOT COMPLETED IN ITS ENTIRETY, CLAIM WILL NOT BE APPROVED AND WILL BE RETURNED.**