



NON-RESIDENT EMPLOYEE REFUND APPLICATION
(Instructions on reverse side)

P.O. Box 385
Marysville, OH 43040
Tel. (937) 645-1090
Fax (937) 645-1105

Name of Applicant: _____

Current Address: _____

City/State/Zip: _____

Social Security No: _____

Year: _____ Salary: _____ Tax Withheld: _____

REFUND REQUEST \$ _____

Reason: _____

Claimant declares that after examining this, that is to the best of his/her knowledge, true, correct and complete. Claimant further states that said refund has not been received by him/her.

Signed: _____ Date: _____ Phone: _____

CERTIFICATION OF EMPLOYER

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

Name of Employer FID# _____ Date: _____ Phone: _____

Name of Authorized Personnel Signature and Title of Authorized Personnel

NOTICE: This refund may result in a balance due to your resident city and/or Federal and State tax returns. Please allow 90 days for processing of your refund request.

FOR DAYS WORKED OUT OF MARYSVILLE

Shaded area to be completed by those individuals traveling outside Marysville during the year. In addition, please complete the calendar on pages 3 and 4.

NON-RESIDENT FORMULA

260 days less _____ days worked out of city = _____ days worked in the City of Marysville (Please note that holidays, vacation days, funeral leave, and sick days are considered days worked in the City.)

Wages \$ _____ divided by 260 = \$ _____ average rate per day worked. Average rate per day worked \$ _____ x _____ days worked in Marysville = \$ _____ taxable wages for Marysville.

Taxable wages for Marysville \$ _____ x 1.25% = \$ _____ tax due.

\$ _____ tax withheld less tax due \$ _____ = refund \$ _____

NON-RESIDENT EMPLOYEE REFUND APPLICATION FOR DAYS WORKED OUT OF MARYSVILLE

INSTRUCTIONS

1. All claims must be properly signed.
2. An employee who is claiming a refund of taxes withheld must list his/her employer's names and addresses and attach his/her wage statement(s) showing Marysville Tax withheld (Forms W-2).
3. Employer's certification **MUST BE** completed by authorized officer or agent.
4. Attach copies of Federal forms as may be applicable.
5. No refund of less than one dollar and one cent (\$1.01) will be made.
6. Refund requests will not be honored beyond (3) years from the date the taxes were due.
7. Refunds are issued within 90 days after the City has receipt of the correctly completed Refund Application and itinerary forms, or after receipt of the employer's correct W-3 reconciliation form, including all W-2 information, whichever is later.

***For Days Worked Out of Marysville, please complete the calendar on pages 3 and 4.**

8. The average working year consists of 260 days (Saturday and Sunday are not considered working days).
9. Training sessions, seminars, local meetings, temporary or casual employment, although they may be outside the City, do not constitute changes in work situs and are not factors in determining time worked out of the City.

NOTE: INCOMPLETE CLAIMS CANNOT BE APPROVED AND WILL BE RETURNED TO CLAIMANT.

In addition, please be advised that we will be notifying your resident city and those Ohio cities shown on your itinerary that also have an income tax. It appears that one of the intentions of the new State Law is to hold the employee responsible to pay either the city where the work was performed or the base city of employment, when both are taxing municipalities. Since you are receiving a refund of taxes withheld for your base city of employment, the work city or city of residence may elect to pursue recovery of those dollars.

If you have any questions, call (937) 645-1090 or visit our website at www.marysvilleohio.org.

DAYS WORKED OUT OF MARYSVILLE

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TOTAL DAYS WORKED OUT OF MARYSVILLE _____ @ (PLACE THIS NUMBER ON PAGE 1 OF THIS FORM IN SHADED AREA INDICATED WITH @)