NON-RESIDENT REFUND REQUEST FORM

TAX YEAR _____

Separate Form Needed For Each Employer and/or Year

NAME OF APPLICANT: ___________________________ Account or Social Security No.: __________

Current Mailing Address: ________________________________

Pursuant to ORC §718.19(B)(2), any denial of this refund request will require an assessment to be issued by the income tax office. Please select preferred delivery method:

☐ Regular mail to above mailing address; or ☐ e-mail to: ________________________________

NAME OF EMPLOYER: ________________________________

(W2 showing Marysville withholdings must be attached to form.)

Dates of Employment: ________________________________

Reason for Refund: ________________________________

Number of Working Days Outside Marysville or Percentage: ________________________________

(Total Days Paid is 52 weeks at 5 days per week or 260 working days)

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.

_________________________________________  __________________________
Taxpayer’s Signature                          Date                                      Phone

We will calculate and issue a refund based on the information provided.

Payment will be made within 90 days of receipt of the completed refund request. Refund request form is not considered complete until all necessary documents have been received. Refunds are permitted only when municipal income tax has actually been paid by your employer to the City of Marysville. Employer must either fill out the certification at the bottom of this form or provide the same information on separate company letterhead.

CERTIFICATION BY EMPLOYER (FOR EMPLOYER USE ONLY)

I __________________________ (Print Name) hereby certify that I am an authorized personnel of __________________________ (Employer) and that the above employee was employed by our company in the year ______. I have reviewed the above employee’s employment records and have determined that all information is correct as stated:

Physical Address work was performed: ________________________________

Dates work performed: ________________________________

Wages (Medicare wages) earned while at this address: $ ________________________________

*If more then one work site please attach log of employment.

_________________________________________  __________________________
Authorized Personnel Signature and Title                          Date

_________________________________________  __________________________
Direct Phone #                                      FEIN #
Total percentage of time taxable to Marysville: ________________%  

a. Salary $___________ * _____% = (A) ______________ Taxable Marysville City Wages  

b. (A) Marysville Taxable Wages ______________ * 1.5% = ______________(B) Tax Due  

c. Marysville City Income Tax Withheld: ________________  
   - (B) Tax Due: ________________  
   = Refund Due to Taxpayer ________________ (Enter this amount on line d)  

   

d. Refund in the Amount of $_______________.  
   
   Date: ________________ Employee Initials: ________________