NON-RESIDENT REFUND REQUEST FORM

TAX YEAR _____

Separate Form Needed For
Each Employer and/or Year

PO Box 385, Marysville, OH 43040-0385
Tel: (937) 645-7350
Fax: (937) 645-7353
Email: jward@marysvilleohio.org

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:_____