

Year \_\_\_\_\_ **Application for Refund**

**Amherst Income Tax Department**  
**480 Park Avenue**  
**Amherst, OH 44001**  
**phone (440) 988-4212 fax (440)-988-3749**

Your first name and initial	Last Name
Home address (number and street)	Apt. No.
City, town or post office, state, and ZIP code	

Your social security number	Spouse's social security number
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**INDICATE IN THE BLOCK BELOW THE KIND OF CLAIM FILED**

- A)  Refund of Municipal Income Tax withheld on wages earned in a non-taxing community. (Attach a travel log listing dates and places traveled for business, indicating the number of business days out \_\_\_\_/260 days.) The following formula is used to arrive at the percentage of income to be excluded from tax:

$$\frac{\text{Days Worked Out of the City}}{\text{Total Working Days (260)}} \times \text{Local Wages} = \text{Amount Excluded}$$

Saturdays, Sundays, sick days, vacation days and holidays are not to be counted as days worked out of the city. Total working days should be 260, unless you worked a partial year. On the income earned while traveling, you will owe residence tax to your home city at the full percentage rate.

- B)  Refund of Municipal Income Tax withheld in error. (Explain)

**Computation of Overpayment**

1).	Wages as reported on W-2 Form (Attach W-2s).....1).	\$	
2).	Less Wages Not Subject to Tax.....2).	\$	
3).	Net Taxable Wages.....3).	\$	
4).	Correct Tax.....4).	\$	
5).	Less Tax Withheld.....5).	\$	
6).	Refund Requested.....6).	\$	

**I declare under the penalties of perjury that this claim (including any accompanying statement), has been examined by me and to the best of my knowledge and belief is true and correct. I authorize the disclosure of the information herein to any lawful taxing authority affected by the refund.**

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**EMPLOYER'S CERTIFICATION (To be completed by employer)**

We have reviewed the above calculations and attachments and believe them to be true and correct. I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the City of Amherst have been or will be made for said tax.

Employer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Company \_\_\_\_\_ FEIN \_\_\_\_\_ Telephone Number(\_\_\_\_) \_\_\_\_\_