

Refund Request Form For Non-Resident Taxpayers  
Tax Year 2009

Athens City Income Tax Department

8 East Washington Street  
Athens, OH 45701-2496  
740-592-3337 Fax 740-592-6400



1. Name \_\_\_\_\_ Account No. \_\_\_\_\_

2. Present Address  
\_\_\_\_\_

3. Social Security Number \_\_\_\_\_

4. Non-Resident Formula Calculation:

4a. Total Working Days 261  
- Days Worked Outside Athens \_\_\_\_\_  
= (A) Days Worked Inside Athens \_\_\_\_\_

4b. Salary \$ \_\_\_\_\_ ÷ 261 Working Days = (B) \$ \_\_\_\_\_ Rate Per Day

4c. (A) Days Worked Inside Athens \_\_\_\_\_  
X (B) Rate Per Day \_\_\_\_\_  
= (C) Athens City Taxable Wages \$ \_\_\_\_\_

4d. (C) Athens City Taxable Wages \_\_\_\_\_ X 1.65% = \_\_\_\_\_ (D) Tax Due

4e. Athens City Income Tax Withheld \_\_\_\_\_  
- (D) Tax Due \_\_\_\_\_  
= Refund Due to Taxpayer \_\_\_\_\_ Enter this amount on Line 5

5. In the Amount of \$ \_\_\_\_\_

6. While Employed By \_\_\_\_\_

7. For the Following Period (Dates) From: \_\_\_\_\_ To: \_\_\_\_\_

8. Resident Address for this Period  
\_\_\_\_\_

9. Reason for Refund  
\_\_\_\_\_

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10. Employee's Position with Employer \_\_\_\_\_

11. Attach an Employer's Schedule of Dates and Locations Worked Outside Athens

THE UNDERSIGNED HEREBY MAKES A CLAIM FOR A REFUND OF ATHENS CITY INCOME TAX AND  
DECLARES THAT ALL INFORMATION GIVEN IS TRUE AND COMPLETE.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Phone \_\_\_\_\_  
Claimant's Signature

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**CERTIFICATION OF EMPLOYER**

I hereby certify that the employee filing this claim for refund was employed by the undersigned. He/She did not work inside the corporate limits of Athens during the time period specified in our attached schedule of dates and locations for this employee. The employee's claim for refund of Athens tax is valid based upon our knowledge of the employee's records and/or our knowledge of the employee's work location(s). I certify that no portion of this tax has been or will be refunded directly to the employee and that no adjustment to our withholding account with the City of Athens has been or will be made for this tax.

Employer \_\_\_\_\_ Federal ID Number \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_  
Officer or Authorized Representative

Phone \_\_\_\_\_ Date \_\_\_\_\_

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**Requests for a refund of tax withheld by an employer for non-resident individuals must be submitted as follows:**

- 1. Completed Refund Request Form with signature**
- 2. Attach a copy of form W-2**
- 3. Employer's schedule of dates and locations worked outside Athens**
- 4. Certification of Employer must be completed**

Please allow 90 days for the processing of your refund request.

Refunds are permitted only when municipal income tax has actually been paid by your employer to the City of Athens. Refunds of tax paid by the taxpayer (not withheld by an employer) may be requested by submitting a City of Athens Income Tax Return. Refunds of tax withheld by an employer for persons under age 18 may be requested by submitting the Refund Request Form for Taxpayers under Age 18.

