DAYS WORKED OUT OF WESTERVILLE
CLAIM FOR REFUND
TAX YEAR _____

W2 MUST BE ATTACHED

Name of Applicant _____

Current Address _____

City State & Zip_____

Social Security Number _____ Email Address_____

Tax Year_____ Salary $_____ Tax Withheld $_____

_____ Days worked out (**Attach list of dates & locations**)

Vacation _____ days + Holiday _____days + Sick leave ___ days $=$ Total (1)_____

260 days less (1) _____ = (2) _____ days worked

$_____ Salary/ (2) _____ $=$ (3) _____average rate per day worked

(2) _____less _____ days worked out of Westerville = (4) _____days in Westerville

(4) _____ X (3) _____ = (5) $ _____ taxable wages for Westerville

(5) $_____ X (**Year=s Tax Rate)_____ = **Westerville tax due $ _____**

REFUND DUE $_____

If you would like your refund to be DIRECT DEPOSITED, please fill out the following information and **attach a voided copy of a check for verification**.

Bank Name:_____ Routing Number:_____ Account Number:_____

Claimant declares that after examining this form that it 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 _____

Employer Certification

I/We Herby certify that the above employee was employed by the undersigned during the period for which employee makes claim for refund and that the total amount of $_____ was withheld for the year _____; that during the period claimed above said employee was not working inside the 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 & Title of Authorized Personnel

Mail completed request & supporting documentation for refund to: City of Westerville, Income Tax Division

PO Box 130
Westerville OH 43086-0130
Tel (614) 901-6420 Fax (614) 901-6820
www.westerville.org/incometax
taxforms@westerville.org

NOTICE: This refund may result in a balance due to your resident City and/or Federal & State tax return.
Employer Certification is required by City of Westerville
Please allow 90 days for processing of your refund request from the due date or date received - whichever is later.

(Rev 11/24)