

VILLAGE OF WOODLAWN

10141 Woodlawn Blvd
Woodlawn, Ohio 45215-1324

TAX OFFICE
(513) 771-4008
(513) 771-1496 FAX

TAX REFUNDS FOR INCOME EARNED OUTSIDE WOODLAWN

Income Tax refund requests by employees working in the village, who are not residents and spend time traveling outside the village, shall follow the following procedure.

A. Complete the following four (4) forms:

1. ALLOCATION OF INCOME WORK SHEET.

2. This form is used to determine the percentage, to the nearest one-tenth percent, of time worked outside the village. On lines 2 and 3, entries shall be to the nearest day (in accordance with changes in the Ohio Revised Code (o.r.c.718) it has been intrepid that any day or any part of a day worked with the Village of Woodlawn is taxable for the full day unless tax is paid to another city in Ohio for a portion of that day. Therefore, all employees working out of Woodlawn location will be fully taxable on all of there compensation unless they are withheld for another municipality for time worked in that municipality). The percentage obtained will be used to determine the amount of salaries, wages, commissions and other compensation earned which will not be taxable by the village. Attach an itinerary that is approved by your manager for verification by Woodlawn's Tax Department. If no itinerary is available, use travel voucher, reports, and logbooks to prepare an itinerary. All items used shall be retained for a period of five (5) years from the date the RETURN is filed.

3. CERTIFICATION OF EMPLOYER.

An officer of your employer shall complete this form.

INCOME TAX RETURN.

Enter on line one (1) gross income form W-2, Calculate income earned outside the Village (line one (1) times percentage calculated on line five (5) of ALLOCATION OF INCOME WORK SHEET) and enter it on line r of Schedule X located on page 2. If Employer expenses are applicable in Schedule X, a copy of Federal Form 1040, schedule A and form 2106 must be included. Complete remainder of Schedule X and enter amount OF LINE 25 ON line 2, page 1, Subtract Line 2 from Line 1 to obtain taxable income. Complete lines 4 through 7, sign and date RETURN.

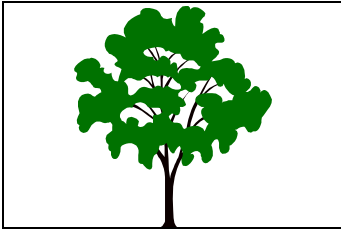
CLAIM FOR RETURN

Note that applicant's signature must be notarized.

Submit the four (4) correctly completed forms along with a copy of the W-2(s) showing gross income and amount withheld for the village and if applicable, other forms and documentation mentioned above. Incomplete forms and/or missing attachments will hinder your refund. A claim shall cover only one calendar year and only one employer.

B. A refund from the Village of Woodlawn precludes taking a credit for this amount when filing another city tax liability whether for place of actual employment or resident tax obligation.

Any refund of \$10.00 or more issued will be reported, as required by law, to the Internal Revenue. Service via Form 1099-G. In addition, refunds will be reported to the city of residence and to cities in which work was performed.



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Tax Administrator

CERTIFICATION OF EMPLOYER

I/We hereby certify that the employee,
_____ was employed by the under signed
employer during the period that said employee makes claim for
refund and during said period \$_____ was withheld for
Woodlawn Income Tax for the year of _____; that said
employee worked _____% outside the corporation limits of
the Village of Woodlawn; that no portion of said tax withheld
has been or will be made for taxes withheld for the Village of
Woodlawn.

NAME OF EMPLOYER

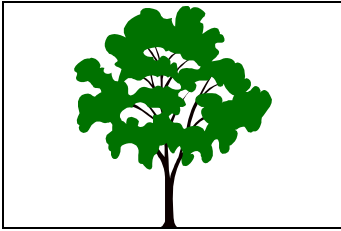
SIGNATURE OF OFFICE

DATE

PRINTED NAME OF OFFICER

TELEPHONE NUMBER

TITLE OF OFFICER



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CLAIM FOR REFUND

CLAIM MUST BE FOR ONLY ONE CALENDAR YEAR AND ONE EMPLOYER

NAME OF APPLICANT

ACCOUNT NUMBER

ADDRESS

CITY, STATE, ZIP

THE UNDERSIGNED HEREBY MAKES CLAIM FOR A REUND OF THE VILLAGE OF WOODLAWN INCOME TAX IN THE AMOUNT OF \$_____.

WHILE IN THE EMPLOY OF _____

FOR THE PERIOD (DATES) _____

FOR THE REASON (Explain fully and if applicable, list areas worked outside of the Village)

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED.

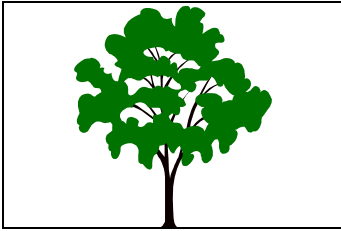
Applicant's Signature

Sworn to and subscribed before me this

_____ day out of _____, 20__

Signature

Title



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ALLOCATION OF INCOME WORK SHEET

TAX YEAR

NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY, STATE, ZIP

ALLOCATION OF WAGE, SALARY, COMMISSIONS AND OTHER COMPENSATION

Ascertain the percentage of salaries, wages, commissions and other compensation.

1. TOTAL NUMBER OF DAY IN YEAR (365or 366 for leap year) _____
2. ENTER NUMBER OF DAYS NOT WORKED (eg. weekends typically 104) _____
3. NUMBER OF DAYS WORKED IN YEAR (1-2) _____
4. TOTAL DAYS WORKED OUTSIDE OF WOODLAWN _____
Do not include sick time, holidays, vacations, meetings, seminars and etc.

ATTACH ITINERARY

If applicable, list all item used to develop itinerary. _____

5. PERCENT OF GROSS INCOME NOT
SUBJECT TO WOODLAWN TAX (4 DIVIDED 3) _____%

SIGNATURE

DATE