



Non-Resident Taxpayer Refund Request Form City of Ashtabula

For Tax Year: _____
Please attach W-2(s)

Name: _____ Social Security #: _____ Phone #: _____

Address: _____
Address City State Zip

****This section to be completed by taxpayer**

- a) Total available working days: 260
- b) Less: days worked out of town _____
(Log of days worked out, destination, and reason for travel must be included – unless acknowledges by employer below)
- c) Days worked in municipality _____

Computation:

_____ / 260 x \$ _____ = \$ _____
(line c) (salary) (taxable income)

_____ x .018 = \$ _____ - \$ _____ = \$ _____
(taxable income) (Ashtabula tax due) (Ashtabula withholding) (refund amount)

I certify the facts and allegations contained on this form and on any accompanying schedules are true. I understand this information may be released to the tax administrator of the resident city and the IRS.

Signed: _____ Date: _____ Phone: _____
(Taxpayer Signature)

Certification of Employer

I/We hereby certify the above employee was employed by the undersigned during the period the employee makes claim for refund. The total amount of \$ _____ was withheld for the year _____. The employee was not working within the corporate limits of the city during the period claimed above. No portion of tax withheld has been or will be refunded to the employee, and no adjustment has been or will be made in remitting taxes withheld to the City.

Name of Employer: _____ FID # _____ Phone: _____

Signed: _____ Title: _____ Date: _____