

VILLAGE OF LEIPSIC APPLICATION FOR MUNICIPAL INCOME TAX REFUND

142 E. Main St. Leipsic, OH 45856 PHONE 419-943-2492 FAX 419-943-2010

NAME: YOUR SOCIAL SECURITY #
 SPOUSE'S NAME: SPOUSES SOCIAL SECURITY #
 ADDRESS: TELEPHONE #:

REASON FOR CLAIM

No refunds will be issued without the proper documentation indicated by reason for claim.
 Check the box that applies

1. **Under 18 years of age.** Date of Birth ___/___/____. Attach a copy of your W-2 Form & proof of birthdate(birth certificate, drivers license, etc.) If you were under 18 for only part of the year, you must either: 1.) have your employer sign the completed Employer Certification on page 2; or 2.) attach a copy of your pay stub for the pay period in which your birthday fell.
2. **Employer withheld at a rate higher than the municipality's tax rate.** Attach a copy of your W-2 Form. Your employer must sign the completed Employer Certification on page 2.
3. **Employer withheld too much resident city tax.** Attach a copy of your W-2 Form. Your employer must sign the completed Employer Certification on page 2.
4. **Withheld by mistake** for the city of _____ when I actually worked in the city of _____. Attach a copy of your W-2 Form. Your employer must sign and complete Employer Certification on page 2. Indicate the address where you actually worked.

Work Location Street Address	City	State	Zip
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5. **Paid residency income tax by mistake when I no longer lived in the Village.** I lived in the Village of Leipsic from _____ to _____. New Address: _____
6. **Other:** Explain _____

CLAIM

Employer Federal ID#

Employer Name

2	Village for which tax was withheld(from W-2, Box 20). The village will not refund tax withheld to another municipality	2
3	Amount of withholding you want applied as a payment to your individual or joint account instead of being refunded to you. Enter - 0- if you want all your refund sent to you.	3
	Provide the social security number of the account to which you want the amount on Line 3 to be credited	SSN of Acct
4	Amount of overwithholding claimed	4
5	Net amount to be refunded.	5

Employer Certification

A. Refund/Credit Calculation

	A-1	A-1 Total Wages from employee's W-2 Form	
	A-2	2. Name of Municipality for which tax was withheld	
	A-3	3. Amount of municipal tax withheld to the municipality indicated on Line A-2	
	A-4	4. Name of the municipality where the employee physically performed the work or services. If the employee did not work within the limits of a municipality enter "None" on line A-4, skip lines A-5, A-6 and A-7, and enter -0- on line A-8.	
	A-5	5. Enter the amount of municipal taxable wages earned in the municipality indicated on line A-4	
	A-6	6. Enter the tax rate of the municipality indicated on line A-4	
	A-7	7. Tax due to municipality where employee physically worked. Multiply line A-5 by the tax rate on line A-6	
	A-8	8. If the municipality indicated on line A-4 is The Village of Leipsic, enter the amount from line A-7; otherwise enter -0-	
	A-9	9. Amount of Over-withheld tax to be refunded or credit. Subtract line A-8 from line A-3	

B. Employee's Home Address

According to our records this employee's home address for the period covered by this claim was:

Employee's Home Street Address	City	State	Zip
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C. Employee's Employment Dates

If the employee is still employed, enter "n/a" as the date of separation

Date of Hire	Date of Separation
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D. Employer Representative's Signature

The undersigned employer representative states that during the year referenced above the employer withheld municipal income tax from the above named employee in excess of the employee's liability as calculated above; that the above referenced employee was employed during the time period referenced above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim is true and accurate.

In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

Representative Signature	Title	Date	Representative's Phone #
Print Representative's Name			
Print Title			

Employee's Signature

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this information may be released to the tax administrator of the municipality of residence and the Internal Revenue Service. I further understand that this refund changes my Village of Leipsic tax, an amended return must be filed before the refund is issued. I also understand that if I have a balance due for a prior year or years, this refund will be applied to the balance due before issuance.

Employee's Signature

Date

Employee's Phone Number