

Village of Cadiz
Income Tax Dept.

GENERAL INSTRUCTIONS FOR REFUNDS

Page 1 of 4

This form is required to be filed by employees requesting a refund of withholdings made by their employer.

This form is used to support refund claims of employees who are either nonresidents of the Village of Cadiz, or residents of the Village of Cadiz who are under 18 years of age for part or all of the tax year.

If you are a nonresident with wages withheld for work done outside the Village of Cadiz, you should file this form with any statement or computations necessary to support your claim for refund. Your employer is required to verify your claim.

If you are a resident or nonresident of the Village of Cadiz who was under 18 years of age for part or all of the tax years, you should file this form with a copy of your birth certificate (or other substantial proof of age). Your employer is required to verify your claim.

In addition, by signing this form, the employer and employee verify that no reimbursement has or will be made to the employee and that no adjustment has been made to the withholding account with the Village of Cadiz.

Mail this form to the Village of Cadiz, Income Tax Dept., PO Box 352, Cadiz, Ohio 43907

You must keep track of the hours worked in the Village of Cadiz. A form is attached on page 4.

PLEASE NOTE THAT REFUNDS ARE ISSUED AFTER THE COUNCIL MEETING
FOLLOWING THE ACCEPTANCE OF THE COMPLETED FORM.

Village of Cadiz
Income Tax Dept.

Renee M. Peters
Tax Administrator

Phone: 740-942-8844 ext 227
Hours: 7:30-5:30 M-Thurs

APPLICATION FOR MUNICIPAL INCOME TAX REFUND 20__

NAME: _____ SS#: ____-____-____

LOCAL ADDRESS: _____

CITY, STATE, ZIP: _____

Do you reside in the limits of said City? Y N Does said city have a municipal income tax? Y N

EMPLOYERS NAME: _____

EMPLOYERS ADDRESS: _____

- 1. Total wage paid (attach copy of W-2) _____
- 2. Municipal Income Tax Withheld from line 1 _____
- 3. Amount Due (attach computation) _____
- 4. Refund Due (Line 2 less Line 3) _____

Reason for refund:

Employers Verification: I HAVE EXAMINED THIS APPLICATION AND THE ATTACHED COMPUTATION AND COMPUTATIONS ARE TRUE AND CORRECT.

Signature Title Date

Employee Certification: I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION AND ATTACHED COMPUTATIONS ARE TRUE AND CORRECT.

Signature

Please mail this completed Application for Refund to the Village of Cadiz Income Tax Dept.
PO Box 352 Cadiz, Ohio 43907

REFUNDS WILL NOT BE MADE UNLESS SUPPORTING INFORMATION IS ATTACHED
THE TAX OFFICE DOES NOT ISSUE REFUNDS UNTIL AFTER THE NEXT COUNCIL MEETING FOLLOWING THE
ACCEPTANCE OF THE COMPLETED FORM.

Village of Cadiz
Income Tax Dept.

EMPLOYEE: _____

This employee has overpaid the 1% Cadiz tax. The following calculations are for time worked within the limits of the Village of Cadiz.

WAGE AMOUNTS EARNED WITHIN THE VILLAGE LIMITS:

January to June _____ hours straight time @ \$_____ per hour = _____

January to June _____ hours overtime @ \$_____ per hour = _____

July to December _____ hours straight time @ \$_____ per hour = _____

July to December _____ hours overtime @\$_____ per hour = _____

Total _____

THE TOTAL TAX OWED WILL BE CALCULATED FROM THE ABOVE INFORMATION.
THIS TOTAL WILL BE SUTRACTED FROM THE AMOUNT REPORTED ON THE
EMPLOYEE'S W-2

Tax Year: 20____

Village of Cadiz
Income Tax Dept.

20__	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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X=Weekend (Not Worked)

H=Holiday

V=Vacation

S=Sick

O=Other