

GENERAL INSTRUCTIONS FOR REFUNDS
VILLAGE OF CADIZ

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.

NON-RESIDENTS: 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. **YOU MUST COMPLETE THE FORMS IN THEIR ENTIRETY.**

MINORS: 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 year, 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. The time grid is not necessary.

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

THIS IS A GENERIC FORM. COMPLETION OF ALL PAGES MAY NOT BE NECESSARY DEPENDING ON YOUR REFUND REASON. CALL THE INCOME TAX OFFICE FOR CLARIFICATION.

Renee M. Peters
Tax Administrator

Phone: 740-942-8844
Hours: 7:30-5:30 Mon-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, use amount in Box 5) \$ _____
2. Municipal Income Tax Withheld from line 1 (Box 19) \$ _____
3. Amount Due (attach computation sheet) \$ _____
4. Refund Due (Line 2 less Line 3) \$ _____

Reason for refund:

Employers Verification: I HAVE EXAMINED THIS APPLICATION AND THE ATTACHED 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 COUNCIL MEETING FOLLOWING THE ACCEPTANCE OF THE COMPLETED FORM.

VILLAGE OF CADIZ

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HOURLY RATE:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Holidays, vacation, sick time, or any other time off that would have normally been a work day and is paid time off counts as a work day with the Village of Cadiz.

If you report to Cadiz but then leave to work elsewhere, at least 1 hour is spent in Cadiz. A fraction of an hour is considered an hour. EXAMPLE: If you spend 1 hour and 5 minutes in Cadiz, that is 2 hours.

If you return at any time to the Village to work, that is time spent in Cadiz.

Instructions: Pick the corresponding month and day and write how many hours were spent IN the Village of Cadiz.

MINIMUM TIME IS 1 HOUR /DAY/SHIFT, NO FRACTIONS.

VILLAGE OF CADIZ

CALCULATION SHEET

MONTH	HOURLY RATE X	HOURS WORKED IN CADIZ	= TOTAL WAGES EARNED IN CADIZ
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			
SEP			
OCT			
NOV			
DEC			
TOTAL	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	

Total earnings in Cadiz(add last column Jan-Dec) \$
_____ X 1%

\$ (Tax amount owed to Cadiz)

EXAMPLE YEAR END CALCULATIONS:

MONTH	HOURLY RATE X	HOURS WORKED IN CADIZ	= TOTAL EARNED IN CADIZ
Jan	\$25.00	50	\$1250.00

EXAMPLE YEAR END CALCULATIONS:

Enter the correct hourly rate in the corresponding month.

Enter hours worked IN CADIZ for that month

Multiply rate x hours, enter in total column

Tax will be calculated at 1% of the total wage earned in Cadiz.