



VILLAGE OF GREENWICH - Division of Municipal Income Tax
 45 Main Street, Greenwich, Ohio 44837
 Phone: 419-752-2441 Fax: 419-752-1903
 Website: www.villageofgreenwich.com

FORM L-R

Tax Year _____

APPLICATION FOR REFUND

Check Status Individual Joint

Your Social Security Number _____	Spouse's Social Security Number _____	IF MOVED DURING YEAR -
Your first name and initial _____	Last Name _____	Enter date moved: ____/____/____
If a joint return, spouse's first name and initial _____	Last Name _____	Enter former address: Address _____ Apt. No. _____
Address _____	Apt. No. _____	City, State and Zip Code _____
City, State and Zip Code _____		

PLEASE CHECK BLOCK BELOW THE TYPE OF CLAIM FILED (SEE INSTRUCTIONS)

- A. Refund of municipal income tax withheld for all or part of the year that applicant was under 18 years of age. See instructions for exceptions. (attach W-2, and a copy of your birth certificate or a copy of your driver's license and have employer complete verification below if under 18 part of year.)
- B. Refund of Greenwich employment tax withheld on wages earned outside of Greenwich. (Attach a travel log listing dates and places traveled for business, indicating the number of business days out ____/260 days. See instructions.)
- C. Unreimbursed Employee Expenses. (See instructions)
- D. Other (explain) _____

Computation of Overpayment (see instructions)

1. Wages as reported on W-2 Form (Attach W-2's)	1. \$ _____
2. Less Wages Not Subject to Tax	2. \$ _____
3. Net Taxable Wages	3. \$ _____
4. Corrected Tax (1%)	4. \$ _____
5. Greenwich Tax Withheld	5. \$ _____
6. Amount of overpayment	6. \$ _____
7. Minus the amount you would like credited to your account	7. \$ _____
8. Net amount to be refunded	8. \$ _____

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM (INCLUDING ANY ACCOMPANYING STATEMENTS), HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE AND CORRECT. I AUTHORIZE THE DISCLOSURE OF THE INFORMATION HEREIN TO ANY LAWFUL TAXING AUTHORITY AFFECTED BY THE REFUND

Taxpayer's Signature _____ Date _____ Telephone Number _____

Spouse's Signature _____ Date _____ Telephone Number _____

Preparer's Signature _____ Date _____ Telephone Number _____

EMPLOYER'S CERTIFICATION (To be completed by employer)

I/We have reviewed the above calculations and attachments and believe them to be true and correct. I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the Village of Greenwich have been or will be made for said tax.

Please complete the above Computation of overpayment (lines 1-8)

Employer's Signature _____ Title _____ Date _____

Company _____ Federal ID# _____ Telephone () _____

INSTRUCTIONS FOR L-R

Who May Use This Form: Persons seeking a refund of municipal tax paid to or withheld for the Village of Greenwich.
Note: If the amount of the overpayment is less than \$10.00 the amount will not be refunded.

Year of return: Enter the year for which this claim covers in the upper right corner of this form.
A separate return is required for each year filed.
Note: The Statute of Limitations for refunds is three (3) years.

Social Security Number: Enter your social security number. If you are filing jointly, include your spouse's social security number.

Name and Address: Enter your name and address in the space provided. If you moved during the year, indicate the date moved and show your former address.

Type of Claim Filed: Check the box for the type of refund claim you are filing.

A. Tax Withheld on income earned while under eighteen (18) years old. Please attach copy of W-2, legible photocopy of your driver's license, State ID or birth certificate with the birth date clearly readable. If you reached the minimum age of eighteen (18) years old during the taxable year, you may be entitled to a refund of any Greenwich tax withheld prior to your birth date. Your employer must fill out the Employer's Certification on the front of this page to verify wages earned before reaching the age of eighteen (18). In lieu of completing the Employer's Certification, you may submit a pay stub(s) for verification.

B. Days out of the Village of Greenwich must be documented with a travel log showing the date, place and business purpose of travel. The Employer's Certification must be signed. The following formula is used to arrive at the percentage of income to be excluded from tax:

$$\frac{\text{Days Worked Out of the City}}{\text{Total Working Days (260)}} \times \text{Local Wages} = \text{Amount Excluded}$$

Saturdays, Sundays, sick days, vacation days and holidays are not to be counted as days worked out of the city. Total working days should be 260, unless you worked a partial year. On the income earned while traveling, you will owe residence tax to your home city at the full percentage rate.

C. Unreimbursed Employee Business Expenses - Federal Form 2106 must be submitted for business expenses.

D. Other - You must explain in detail and document claim. Federal Form 3903 must be submitted for moving expenses.

Computation of overpayment:

Line 1: Enter the amount of local wages that your employer showed on your W-2 Form. Wages that are deferred for Federal and State purposes must be included in Local Wages. All W-2 Form's, 1099's and statements showing reimbursements must be attached. If more than one employer, use a separate Refund Form for each employer.

Line 2: Enter the amount of wages that are to be excluded from tax.

Line 3: Subtract the amount of Line 2 from the amount shown on Line 1.

Line 4: The correct tax is found by multiplying line 3 by 1%.

Line 5: The amount of tax withheld by your employer.

Line 6: Subtract line 4 from line 5. This is the amount of your overpayment.

Line 7: Indicate the amount you would like credited to your account.

Line 8: Subtract line 7 from line 6. This is the amount to be refunded.

Sign Your Application For Refund: Your Application for refund is not complete if it is not signed. On a joint application, both husband and wife must sign. If you are filing this form on behalf of another person, a Power of Attorney form must accompany this form.

Employer's Certification: The Employer's Certification must be signed by the employee's supervisor or other responsible representative of the employer who has knowledge that the information given is true and correct.

Penalties for Filing a Fraudulent Return: Persons filing a fraudulent return shall be guilty of a misdemeanor and shall be fined not more than Five Hundred Dollars (\$500.00) imprisoned not more than six (6) months or both, for each offense.