

EMPLOYER'S CERTIFICATION/COMPUTATION 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.

I / We verify that during the year _____ I / We withheld municipal income tax for the City/Village of _____ from the above named employee in excess of his liability for the tax based on the following computations:

A. From W-2, total wages \$ _____ on which _____ (City/Village)

tax withheld was \$ _____

Work performed in city of _____ subject to tax (City/Village)

Taxable income \$ _____ x _____ (Tax Rate) \$ _____

Amount of overpayment..... \$ _____

B. Basis for refund

C. According to our records, this employee's address for the period covered by the claim was

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 City / Village of _____ have been or will be made for said tax.

SIGNED

Name Title Phone # Date

Print Name Title

I certify that the facts and allegations contained on this form and on any accompanying schedules are true. I understand that this information may be released to the tax administration of the city of residence and the I.R.S.

TAXPAYER'S SIGNATURE

Name Day Phone Eve Phone Date

GENERAL INSTRUCTIONS

Attach all required information to insure that your refund will be processed as quickly as possible. Always use the exact city or village of residence and employment. If this refund changes your RITA residence tax, an amended return must be filed before the refund will be issued. If you have a balance due for a prior year(s), the refund will be applied to that balance due before issuance. Only taxes paid to a RITA municipality can be refunded by RITA. Separate requests are required if more than one employer or more than one RITA municipality is involved. If you have any questions, contact our office at (440) 526-0900 - CLEVELAND LOCAL, (614) 538-0512 - COLUMBUS LOCAL, 1-(800) 860-RITA - TOLL FREE WITHIN OHIO, or (440) 526-5332 - TDD ONLY. Obtain forms at WWW.RITA.TO.

MAIL YOUR CLAIM FOR REFUND TO:
 REGIONAL INCOME TAX AGENCY
 P.O. Box 477900
 Brecksville, Ohio 44141

REASONS FOR CLAIM/REQUIRED DOCUMENTATION

1. TAX WITHHELD ON INCOME EARNED WHILE UNDER EIGHTEEN (18) YEARS OF AGE - attach W-2 and a COPY of birth certificate or drivers license. If you were under eighteen (18) for part of the year you must also have your employer complete the EMPLOYER CERTIFICATION.

NOTE: THE UNDER 18 YEARS OF AGE CLAIM FOR REFUND DOES NOT APPLY TO LOCKLAND, NEWTOWN, RIVERSIDE, ST. PARIS AND WINTERSVILLE. FOR AVON LAKE THE LIMIT IS UNDER 16 YEARS OF AGE; AND, FOR OTTAWA, UNDER 19 YEARS OF AGE AND EARNING NO MORE THAN \$600.00/YR.

2. UNREIMBURSED BUSINESS EXPENSES - Attach W-2, Federal Form 2106 and Schedule A, and any other supporting documentation. Federal Form 2106 Business Expenses and 3903 Moving Expenses are not allowed for OBERLIN, OLMSTED FALLS and SHAWNEE HILLS; and, 3903 expenses are not allowed for REYNOLDSBURG. For MARYSVILLE, 2106 expenses are limited to the amount deductible for federal tax purposes. For BAY VILLAGE 2106 expenses are limited to the amount deductible for federal tax purposes and 3903 expenses are not allowed. For GALENA and SUNBURY, Schedule A deductions are not allowed and moving expense reimbursements are taxable.
3. OTHER - State reason and attach Form W-2 and all supporting documentation.

EMPLOYER CERTIFICATION/COMPUTATION (To be completed by employer)

Employer Certification/Computation is required for, but not limited to the following reasons: Under eighteen (18) years of age for part of the year; Employer withheld municipal tax for the wrong municipality; and, Employee worked a portion of the time outside of the municipality for which the tax was withheld.

CALCULATIONS FOR DAYS WORKED OUT OF R.I.T.A.

- | | | |
|----|------------------------------------------------------------------------------|-------|
| A) | TOTAL DAYS AVAILABLE | 260 |
| B) | LESS: VACATION, SICK AND HOLIDAYS | _____ |
| C) | TOTAL AVAILABLE WORKING DAYS | _____ |
| D) | LESS: DAYS WORKED OUT OF TOWN | _____ |
| | (log of days worked out, destination and reason for travel must be included) | |
| E) | DAYS WORKED IN MUNICIPALITY | _____ |

COMPUTATION: LINE (E) ÷ LINE (C) X TOTAL INCOME = TAXABLE INCOME

$$\frac{\text{LINE (E)}}{\text{LINE (C)}} \times \text{TOTAL INCOME} = \text{TAXABLE INCOME}$$

DAYS OUT WORKSHEET

List the name of cities / locations and the number of days "worked" out of normal workplace.
(Your own worksheet is acceptable. Use additional paper if necessary.)

TAX YEAR

WEEK ENDING	WORK LOCATION	NO. DAYS	WEEK ENDING	WORK LOCATION	NO. DAYS
1.	_____	_____	27.	_____	_____
2.	_____	_____	28.	_____	_____
3.	_____	_____	29.	_____	_____
4.	_____	_____	30.	_____	_____
5.	_____	_____	31.	_____	_____
6.	_____	_____	32.	_____	_____
7.	_____	_____	33.	_____	_____
8.	_____	_____	34.	_____	_____
9.	_____	_____	35.	_____	_____
10.	_____	_____	36.	_____	_____
11.	_____	_____	37.	_____	_____
12.	_____	_____	38.	_____	_____
13.	_____	_____	39.	_____	_____
14.	_____	_____	40.	_____	_____
15.	_____	_____	41.	_____	_____
16.	_____	_____	42.	_____	_____
17.	_____	_____	43.	_____	_____
18.	_____	_____	44.	_____	_____
19.	_____	_____	45.	_____	_____
20.	_____	_____	46.	_____	_____
21.	_____	_____	47.	_____	_____
22.	_____	_____	48.	_____	_____
23.	_____	_____	49.	_____	_____
24.	_____	_____	50.	_____	_____
25.	_____	_____	51.	_____	_____
26.	_____	_____	52.	_____	_____