

PO Box 230 Warren, OH 44482

Phone: 330-841-2551 Fax: 330-841-2626

www.warren.org

Tax Year _____

REF Amt _____

File No. _____

Approved _____

APPLICATION FOR REFUND

Check here if you worked outside your normal place of work due to COVID-19. Please see Option F below.

W-2 MUST BE ATTACHED

<p>Social Security No _____</p> <p>First name and initial _____ Last Name _____</p> <p>Address _____</p> <p>City, State, and Zip Code _____</p>	<p>IF MOVED DURING YEAR-</p> <p>Enter date moved: ____/____/____</p> <p>Enter former address:</p> <p>Address _____ Apt No. _____</p> <p>City, State, and Zip Code _____</p>
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PLEASE CHECK BLOCK BELOW THE TYPE OF CLAIM FILED (SEE INSTRUCTIONS)

- A. Refund because the employer continued to withhold Warren income tax after taxpayer moved from Warren.
- B. Refund because the employer withheld more than 2.5% for Warren income tax.
- C. Refund of Warren tax withheld on wages earned outside city (business days out ____/260 days).
(Attach calendar, calculations, or spreadsheet showing days out)
- D. Refund because taxpayer is under 16 years of age all or part of year. (Disregard Employer Certification)
- E. Refund for Non-resident, did not work in city at any time during the year.
- F. **Due to COVID-19, days worked outside Warren for which employer withheld tax. (See Instructions)**

Computation of Overpayment (see instructions)

- 1. Wages as reported on W-2 Form (**attach W-2**)..... 1. \$ _____
- 2. Warren tax withheld as reported on W2..... 2. \$ _____
- 3. Warren income tax due 3. \$ _____
- 4. Amount of Overpayment/Refund 4. \$ _____

NO REFUND ISSUED IF \$10.00 OR LESS

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 No _____

EMPLOYER'S CERTIFICATION (To be completed by Employer only)

I/We declare under the penalties of perjury that 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 City of Warren have been or will be made for said tax.

Employer's Signature _____ Title _____ Date _____

Company _____ FEIN _____ Phone _____