



APPLICATION FOR INCOME TAX REFUND
CITY OF LORAIN INCOME TAX DIVISION
605 West 4th Street, Lorain OH 44052
Phone: 440-204-1002 / Fax: 440-204-1006
E-Mail: Incometax@cityoflorain.org

YEAR: _____

Name: _____

Address: _____

Social Security Number: _____

INDICATE IN THE BLOCK BELOW THE OF CLAIM FILED: W-2 Form Must Be Attached

A. Refund of Municipal Income Tax Withheld on Wages Earned in a Non-Taxing Community.

- Attach a travel log listing dates/places traveled for business, indicating the number of business days out _____ /260 days.
- Use this formula to determine the % of income to be excluded from Tax:

Days Worked Out of the City divided by the Total Working Days (260); x Local Wages = Amount Excluded

Note: Saturdays, Sundays, Sick Days, Vacation Days & 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. Refund will not exceed 75% of tax Withheld. Your city of Residence will be notified of the amount of any refund.

B. Refund of Municipal Income Tax Withheld in Error. Check the reason below.

_____ Courtesy Withholding in Error; I was not a resident of Lorain at any time during the tax year shown above.

_____ Courtesy Withholding in Error; I moved out of Lorain on the following date: _____

_____ Lorain Tax Withheld at a Rate Higher Than 2.5%

_____ Under the Age of 18: A copy of your driver's license or birth certificate must accompany this form.

Dates of Employment: Beginning _____ / _____ / _____ Ending _____ / _____ / _____

Other: (Explain) _____

Computation of Overpayment

1. Wages as Reported on W-2 Form (Attach w-2s)	1. _____
2. Less Wages Not Subject to Tax	2. _____
3. Net Taxable Wages	3. _____
4. Correct Tax [Taxable Wages x 2.5% or .025]	4. _____
5. Less Tax Withheld	5. _____
6. Refund Requested	6. _____

I declare under penalties of perjury that this claim (including any accompanying statement), 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 return.

Taxpayer's Signature: _____ Date: _____ Phone: _____

EMPLOYER'S CERTIFICATION (To Be Completed By Employer)

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 Lorain have been or will be made for said tax.

Employer's Signature: _____ Title: _____ Date: _____

Company: _____ FEIN: _____ Phone: _____

