

PART A To be completed by Applicant

(General Instructions are on the reverse of this form)

NAME: _____ ACCOUNT #: _____

SOCIAL SECURITY #: _____

FEDERAL ID#: _____

PRESENT ADDRESS: _____

ADDRESS DURING CLAIM PERIOD: _____

DATES YOU RESIDED AT THIS ADDRESS: FROM: _____ TO: _____

CITY OF EMPLOYMENT: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

ADDRESS WHERE WORK WAS PERFORMED: _____

APPLICANT'S COMPUTATION OF AMOUNT CLAIMED:

A. Total Troy Taxable Income (From computation on reverse side of form) \$ _____

B. Troy Tax Due at 1.75% \$ _____

C. Troy Tax Withheld (From W-2's—Be sure to attach all W-2's to claim) \$ _____

D. **REFUND CLAIMED** (Line C minus Line B) \$ _____

EXPLANATION OF REFUND (Give brief explanation and show computations on back. Attach travel log if applicable):

By signing this claim form, I certify that all facts and figures are true and complete to the best of my knowledge, and that no such refund has previously been claimed or received by me for the period covered by this claim. I authorize the City of Troy to release this information to my city of residence or employment.

SIGNED: _____ DATE: _____ DAYTIME PHONE: _____

PART B CERTIFICATION OF EMPLOYER To be completed by employer

I / We hereby certify that during the tax year _____, City of Troy income tax was withheld from the above named employee in excess of liability for the tax based on the following:

A. Gross salaries, wages, etc. paid \$ _____ Troy Tax Withheld \$ _____

Income earned in Troy \$ _____ Tax due at 1.75% \$ _____

B. Basis of refund—Employer must provide all pertinent information and facts on which claim is based. Explain method used and show all computations used to determine income earned in Troy:

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

I/We certify that no portion of said tax has been or will be refunded directly to the employee and that no adjustment has been or will be made to my / our withholding account with the City of Troy.

PRINTED NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____ DAYTIME PHONE: _____

GENERAL INSTRUCTIONS FOR REFUND REQUEST FORM

This form is for use by individuals claiming a refund of city tax withheld in excess of their liability. Indicate the calendar year for which the refund is claimed. If the individual has other income, the standard city income tax return must also be used. If a refund is claimed for tax withheld by more than one employer, a separate refund request must be completed for each employer. All forms must be submitted together.

The completed form plus all attachments (W-2's, computation worksheets, etc.) is to be submitted to the City of Troy Income Tax Department at the address shown on the front of this form. Note: missing or incorrect information will delay your refund. Allow 90 days for the processing of this claim form.

1. **BASIS FOR REFUND:** A brief but complete explanation by the Applicant is required concerning the reason for the overpayment. Explain method of calculation and show computations used to determine the amount of taxable city income. If job duties require travel to different work sites to perform work, **you must provide a list of dates and location of city or cities worked.** Seminars, meetings and training sessions, although they may be outside the city, do not constitute a change in work situs and cannot be deducted as travel days. See Part C below for calculating travel day deduction.
2. Refund Calculation is based on your gross compensation (including any deferred income). A copy of the W-2 must be attached.
3. The average working year consists of 260 days (Saturdays and Sundays are not typically considered working days). If you were not employed for the full year, or were a part-time employee, or worked weekends, you must adjust your Total Days available accordingly. Provide a written explanation and attach.
4. No refund of less than ten dollars (\$10.00) will be made.
5. Refund requests will not be honored beyond three years from the date the original tax return was due.
6. Part B, Certification of Employer must be completed by an authorized official of the employer. No person claiming a refund may certify their own refund request, or have the certification completed by a subordinate employee.
7. Please allow ninety days for the processing of your refund request. Note: Incomplete claims cannot be approved or processed and will be returned to the applicant.

PART C To be completed only by non-residents claiming a refund of city tax withheld in excess of actual liability.

Compute the amount to be entered as taxable city income by multiplying the total compensation by the ratio of actual days worked.

- A. TOTAL DAYS AVAILABLE (260 standard, see instructions above for employment less than one full year) _____
- B. LESS: VACATION DAYS TAKEN _____
- C. LESS: SICK DAYS USED _____
- D. LESS: HOLIDAYS DURING PERIOD _____
- E. LESS: OTHER TYPES OF NON-WORKING DAYS _____
- F. TOTAL AVAILABLE WORKING DAYS (A minus B through E) _____
- G. TOTAL AVAILABLE WORKING DAYS (F Above) _____
- H. LESS: DAYS WORKED OUT OF TOWN (Attach Log) _____
- I. DAYS ON THE JOB IN TROY (G minus H) _____

COMPUTATION:

$$\frac{\text{Line I}}{\text{Line F}} \div \frac{\text{Total Wages}}{\text{Total Troy Taxable Income}} = \$$$

Transfer the amount of Taxable City Income to Part A, Line A on the front of this form and complete calculations.