

Refund Request Form For Non-Resident Taxpayers  
Tax Year 2015

Village of McConnelsville Income Tax Department

9 West Main Street  
McConnelsville, OH 43756  
Phone: 740-962-3163 Fax: 740-962-6127

1. Name \_\_\_\_\_ Account No. \_\_\_\_\_

2. Present Address \_\_\_\_\_

3. Social Security Number \_\_\_\_\_

4. Non-Resident Formual Calculation:

4a. Total Working Days 260

- Days Worked Outside McConnelsville \_\_\_\_\_

= (A) Days Worked Inside McConnelsville \_\_\_\_\_

4b. Salary \$ \_\_\_\_\_ ÷ 260 Working Days = (B) \$ \_\_\_\_\_ Rate Per Day

4c. (A) Days Worked Inside McConnelsville \_\_\_\_\_

X (B) Rate per Day \_\_\_\_\_

= (C) McConnelsville Village Taxable Wages \_\_\_\_\_

4d. (C) McConnelsville Village Taxable Wages \_\_\_\_\_ x 1% = \_\_\_\_\_ (D) Tax Due

4e. McConnelsville Village Tax Withheld \_\_\_\_\_

- (D) Tax Due \_\_\_\_\_

= Refund Due to Taxpayer \_\_\_\_\_ Enter this amount on Line 5

5. In the Amount of \$ \_\_\_\_\_

6. While Employed By \_\_\_\_\_

7. For the Following Period (Dates) From: \_\_\_\_\_ To: \_\_\_\_\_

8. Resident Address for this Period \_\_\_\_\_

9. Reason for Refund \_\_\_\_\_

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10. Employee's Position with Employer \_\_\_\_\_

11. Attach an Employer's Schedule of Dates and Location Worked Outside McConnelsville

THE UNDERSIGNED HEREBY MAKES A CLAIM FOR A REFUND OF MCCONNELSVILLE  
VILLAGE INCOME TAX AND DECLARES THAT ALL INFORMATION GIVEN  
IS TRUE AND COMPLETE.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Phone \_\_\_\_\_  
Claimant's Signature

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**CERTIFICATION OF EMPLOYER**

I hereby certify that the employee filing this claim for refund was employed by the undersigned. He/She did not work inside the corporate limits of McConnelsville during the time period specified in our attached schedule of dates and location for this employee. The employee's claim for refund of McConnelsville tax is valid based upon our knowledge of the employee's records and/or our knowledge of the employee's work location(s). I certify that no portion of this tax has been or will be refunded directly to the employee and that no adjustment to our withholding account with the Village of McConnelsville has been or will be made for this tax.

Employer \_\_\_\_\_ Federal ID Number \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_  
Officer of Authorized Representative

Phone \_\_\_\_\_ Date \_\_\_\_\_

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**Requests for a refund of tax withheld by an employer for non-resident individuals must be submitted as follows:**

1. **Completed Refund Request Form with signature**
2. **Attach a copy of form W-2**
3. **Employer's schedule of dates and locations worked outside McConnelsville**
4. **Certification of Employer must be completed**

Please allow 90 days for the processing of your refund request.

Refunds are permitted only when municipal income tax has actually been paid by your employer to the Village of McConnelsville. Refunds of tax paid by the taxpayer (not withheld by an employer) may be requested by submitting a Village of McConnelsville Income Tax Return. Refunds of tax withheld by an employer for persons under age 18 may be requested by submitting the Refund Request Form for Taxpayers under Age 18.

# Refund Request Form For Non-Resident Taxpayers Tax Year 2015

Requests for refunds of tax withheld by an employer for non-resident individuals must be submitted as outlined in the following instructions. In all cases, information in addition to the items stipulated may be requested by this office.

To qualify for a refund you must be a non-resident who performs less than 100% service within the corporate limits of McConnelsville and whose employer withheld McConnelsville Village income tax.

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## INSTRUCTIONS

- Line 1 Print full name.
- Line 2 Print current address including street number, city, state and zip code.
- Line 3 Print social security number clearly.
- Line 4 Refund Calculation:
- Line 4a The working year consists of 260 days (Scheduled days off are not considered working days.) Please note that no refund is allowed for sick, vacation, holiday, or supplemental pay days, or the equivalent of such days. These types of pay are the direct result of your employment. These days cannot be subtracted from total working days. Subtract days worked outside McConnelsville from 260 days to arrive at days worked inside McConnelsville. (A)
- Line 4b Salary is your gross wage amount. It is the largest figure on your W-2 form. Take this amount and divide by 260 days. This is your rate of pay per day. (B)
- Line 4c Multiply the days worked inside McConnelsville times your rate of pay per day. This amount is your McConnelsville Village taxable income.  $(A) \times (B) = (C)$
- Line 4d Multiply your McConnelsville Village taxable wages (C) times the tax rate of 1%. This is your tax due. (D)
- Line 4e Place amount of McConnelsville Village income tax withheld by employer on first line. (Refer to your W-2 form.) Subtract the tax due (D) from the amount withheld. This is the amount of your refund. Please enter this amount on line 5.
- Line 5 Amount of refund applied for.
- Line 6 Name of employer during period covered by claim for refund.
- Line 7 State the period by dates that the refund request covers within a calendar year. A separate claim must be filed for each year.
- Line 8 Show street number, city, state and zip code for period of time covered by the refund request.
- Line 9 Explain fully and concisely why McConnelsville income tax should be refunded.
- Line 10 Print your position or title with your employer.
- Line 11 **ATTACH EMPLOYER'S SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE MCCONNELSVILLE.**