FORM AS-22 REFUND REQUEST CITY OF DAYTON

GENERAL INFORMATION

REQUEST FOR CALENDAR YEAR ..... _____

- This form is to be used by individuals claiming a refund of the city income tax withheld in excess of their liability.
- Use a separate form for EACH EMPLOYER that over withheld taxes, attach all W-2 statements & submit all forms together.
- If you are claiming a refund for days out of town, please attach a LIST OF CITIES & DATES worked out of town and complete the WORKSHEET on the back of this form.
- If your request is MORE THAN $50.00, the Employer Certification (PART II) must be completed.

If all necessary parts of this form are not completed and appropriate documentation included, the processing of your refund request will be delayed.

PART I PLEASE FILL IN ALL THE SPACES IN THIS SECTION.

ACCOUNT NUMBER (SOCIAL SECURITY NO.)
▸ _____

NAME
▸ _____

ADDRESS
▸ _____

CITY, STATE ZIP
▸ _____

CITY/VILLAGE OF RESIDENCE
▸ _____

CITY/VILLAGE OF EMPLOYMENT
▸ _____

EMPLOYER ADDRESS WHERE SERVICES PERFORMED
▸ _____

DID YOU MOVE DURING THE TAX YEAR? ☐ NO? ☐ YES?
▸ _____

IF YES... DATE MOVED PREVIOUS ADDRESS
▸ _____

INCOME & TAX DISTRIBUTION (INSTRUCTIONS) PLEASE COMPLETE THIS SECTION

Column A List total compensation from which tax was withheld. (Use the Medicare wage figure from the W-2)
Column B List the income considered non-taxable. See Worksheet.
Column C Subtract Column B from Column A.
Tax Rate Enter 2.25%
Column D Multiply Column C by the tax rate.
Column E Enter the tax withheld by your employer.
Column F Enter credit for taxes paid to another community on the same income. (Resident of Dayton ONLY)
Column G Subtract Columns E and F from Column D.

CITY	A	B	C	RATE	D	E	F	G
	SALARIES, WAGES ETC.	NON-TAXABLE INCOME	TAXABLE INCOME	%	TOTAL TAX	TAX WITHHELD	TAXES PAID TO ANOTHER CITY	REFUND
DAYTON		( )		2.25%				

Basis for Refund: Give a brief explanation and show computation on reverse side. _____

I declare that all information given on this form is true and complete to the best of my knowledge, and that a refund has not previously been claimed or received by me for the period covered by this claim. **Please sign, date and provide your daytime phone number.**

SIGNED _____ DATE _____ DAYTIME PHONE _____

PART II EMPLOYER CERTIFICATION YOUR EMPLOYER MUST COMPLETE THIS SECTION IF YOUR REQUEST IS MORE THAN $50.00

During the period covered by this claim, income tax in the amount of $ _____ was withheld from the above named employee's wages and paid to the City of Dayton in excess of his/her liability based on the above stated facts and the computation shown on the reverse side of this form. No portion of these taxes has been or will be refunded to the employee and no adjustments to our withholding has been or will be made to this tax.

EMPLOYER NAME _____ FEDERAL ID. # _____

SIGNATURE & TITLE _____ DATE _____ PHONE NUMBER _____

Opt-Out:

REFUND CALCULATION WORKSHEET

- Compute the amount to be entered as taxable city income by multiplying the total compensation by the ratio of actual days worked. Days worked only refers to actual days on the job.
- Refunds cannot be claimed for 12 (twelve days) or less days if taxes were no paid to another municipality for those days.
- Refund cannot be claimed for virtual office unless it is a requirement of your employment. Please furnish a letter from your employer on a company letterhead.

	EXAMPLE	YOUR CALCULATIONS
1.) TOTAL DAYS AVAILABLE (365 MINUS WEEKENDS NOT WORKED)	261	1
a. VACATION	10	a
b. SICK LEAVE	12	b
c. HOLIDAYS	10	c
2.) LESS: TOTAL AVAILABLE DAYS NOT WORKED (ADD a, b & c).	32	2
3.) SUBTRACT LINE 2 FROM LINE 1	229	3
4.) LESS: DAYS WORKED OUT OF TOWN *Remember to attach list of dates and locations.	70	4
5.) DAYS ON JOB IN THE CITY OF DAYTON	159	5

WAGES ON WHICH INCOME TAX IS TO BE PAID

(DIVIDE) (5) DAYS ON THE JOB IN THE CITY / (3) TOTAL AVAILABLE WORK DAYS **X** TOTAL INCOME (COLUMN A) **=** TAXABLE INCOME (COLUMN C)

COMPUTATION: (LINE 5) / (LINE 3) _____ X $ _____ = $ _____

Tax Rate for the City of Dayton 2.25%

Total Tax Due (To Column D) ..... $ _____ (Taxable Income X Tax Rate)

Less: Tax Withheld (To Column E) ..... $ _____

Refund Due (To Column G) ..... $ _____

File with:

City of Dayton Income Tax
PO Box 7999
Akron, OH 44306-0999
Phone: (937) 333-3500
Fax: (937) 333-4280
Forms: (937) 333-3501
Website: www.daytonohio.gov

To have this form completed in person at our office, you must have an appointment.

Please contact our office for an appointment at (937) 333-3500.

Opt-Out:

DAYS WORKED OUT OF DAYTON LOG SHEET

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AS22 Date	Work Location(s) May
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