

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 2.5%

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		()		2.5%				

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. I understand that information regarding this request may be shared with other taxing jurisdictions.

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 _____

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 20 (twenty) or less days if taxes were not 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 <input type="text"/>
a. VACATION →	10	a <input type="text"/>
b. SICK LEAVE →	12	b <input type="text"/>
c. HOLIDAYS →	10	c <input type="text"/>
2.) LESS: TOTAL AVAILABLE DAYS NOT WORKED → (ADD a, b & c).	32	2 <input type="text"/>
3.) SUBTRACT LINE 2 FROM LINE 1 →	229	3 <input type="text"/>
4.) LESS: DAYS WORKED OUT OF TOWN → *Remember to attach list of dates and locations.	70	4 <input type="text"/>
5.) DAYS ON JOB IN THE CITY OF DAYTON →	159	5 <input type="text"/>

WAGES ON WHICH INCOME TAX IS TO BE PAID

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

COMPUTATION: (LINE 5) **X** \$ = \$
 (LINE 3)

Tax Rate for the City of Dayton **2.5%**

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 1830
 Westerville, OH 43086-1830
 Phone: (937) 333-3500
 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

AS22 Date	Work Location(s) January
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AS22 Date	Work Location(s) March
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