

# City of South Lebanon

Income Tax Dept. 10 N High St. South Lebanon OH 45065

Phone: (513) 494-2296 ext. 3 Fax: (513) 672-9599 Email: tax@southlebanonohio.org

## PART 1 - TO BE COMPLETED BY CLAIMANT (See reverse side for instructions)

Name and Present Address

For the Calendar Year \_\_\_\_\_

Amount Claimed: \$ \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address during claim period:

A. Employer's Name & Address

Gross Wages, Etc.

South Lebanon Tax Withheld

### Computation of Overpayment:

B. Income Earned ..... \$ \_\_\_\_\_

C. So. Lebanon Tax Withheld (attach copy of W/2) ..... \$ \_\_\_\_\_

D. Earnings subject to So. Lebanon Tax ..... \$ \_\_\_\_\_

E. So. Lebanon Tax (1% of line D) ..... \$ \_\_\_\_\_

F. Overpayment Claimed - D minus E ..... \$ \_\_\_\_\_

Basis for Refund: (Claimant must provide all pertinent information and facts on which claim is based. Use reverse side of form or separate attachment for proper information to further substantiate claim).

### Certification: (Read carefully)

I certify that all facts and figures given are true and complete; a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the City of South Lebanon to, upon request, furnish my city of residence/or employment, a copy of this refund document.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(Claimant's Signature)

NOTICE: This refund may result in an amendment to other Municipal Tax Returns.

## PART II - EMPLOYER'S CERTIFICATION (Read carefully)

I verify that during **20**\_\_\_\_\_ the above-named employee's total salary and / or wages was \$ \_\_\_\_\_ from which

\$ \_\_\_\_\_ South Lebanon tax was withheld and remitted to the City of South Lebanon, Ohio. My/our records show the employee's address was \_\_\_\_\_, for the period covered by the claim for refund, and that

\_\_\_\_\_ % of the employee's compensation was attributable to the work done or services performed outside the City of South Lebanon and was payable to (Name of City of Individual) \_\_\_\_\_

I authorize the City of South Lebanon to, upon request, furnish the City of employee residency/or employment, a copy of this refund document.

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 South Lebanon have been or will be made for said tax.

SIGNED: \_\_\_\_\_ BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

REFUND REQUEST GENERAL INSTRUCTIONS

This form is to be used only by individuals claiming a refund of South Lebanon Tax withheld in excess of their actual liability. If the individual has other taxable income, the standard South Lebanon Tax Return must be used. If a refund is claimed for tax withheld by more than one employer, a separate Refund Request form must be completed for each employer.

INSTRUCTIONS FOR PART I (to be Completed by Claimant)

Attach a copy of wage statement showing South Lebanon Tax withheld which will be returned if requested.

- A. List employer’s name, address, South Lebanon tax withheld and total salary, wages, commission, and other compensation.
- B. Totals from Line A
- C. Enter the South Lebanon Tax withheld as shown in A.
- D. List income attributable to work done or services performed within the corporate limits of South Lebanon. If all services were performed outside of South Lebanon enter “none”.
- E. Figure the tax on income attributable to South Lebanon.
- F. Enter the difference between Line C and E.

BASIS FOR REFUND: A brief but complete explanation by the employee is required concerning the reason for the overpayment to be refunded. Explain method and show computations used to determine amount of taxable city income. If duties require travel, provide a list of dates worked out of the city and city or cities where services were performed. If traveling is not required, show where duties were performed.

INSTRUCTIONS FOR PART II (to be Completed by Employer)

The employee's refund claim cannot be honored without the employer's verification of total compensation, South Lebanon Tax withheld, the employee's address during the period covered by the Refund Request, and the amount of earnings or percentage of the time attributable to work done or services performed outside the corporate limits of South Lebanon and not subject to South Lebanon Tax.

Explain method used and show computation of percentage entered in PART II on the page 1.

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PRIVACY ACT: It is determined the information required is necessary to protect the Village of South Lebanon in expenditure of funds as authorized by ordinance.