

**MT. GILEAD INCOME TAX
CLAIM FOR REFUND**

File original with the Income Tax Department
72 W. High St., Mt. Gilead, Ohio 43338

Please allow 60 days for the processing of your refund
This form must cover one calendar year only and Form W-2 must be attached

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1. Name of applicant _____ Phone _____
 2. Present Address _____
City _____ State _____ Zip _____
 3. Soc. Sec. No. _____ City of Employment _____
 4. In the amount of \$ _____ (Form W-2 must be attached)
 5. While in the employ of _____
 6. For the period (dates) _____
 7. Resident address for the period _____
 8. Reason _____
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AND FURTHER STATE THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM/HER

Date _____ Signed _____

CERTIFICATION OF EMPLOYER

I/We hereby certify that above employee was employed by the undersigned during the period for which said employee makes claim for refund and that the total amount of \$ _____ was withheld for the year _____ that said employee was not, during the period claimed above, working inside corporate limits of the Village of Mt. Gilead; no portion of said tax withheld has been or will be refunded so said employee; and no adjustment has been made in remitting taxes withheld to the Village.

Calculations for days worked outside Mt. Gilead

- A. Total days available 260
- B. Less: Vacation, Sick and Holidays _____
- C. Total available working days _____
- D. Less: Days worked out of town _____
- E. Days worked in municipality _____

Computation:

$$\frac{\text{Line (E)}}{\text{Line (C)}} \times \frac{\text{Total Income}}{\text{Taxable Income}} =$$

(Name of Employer) By: _____

Date _____ Title _____ Phone No. _____