



REFUND REQUEST

This form is to be used by individuals NOT required to complete an annual return & are claiming a refund of the Franklin City income tax withheld in excess of their liability.

Division of Taxation
1 Benjamin Franklin Way
Franklin, Ohio 45005
(937) 986-1035 OFFICE
(937) 986-1035 FAX
FRANKLINOHIO.ORG

Name:	Year Requested:
Address:	Account # or SSN:
City, State Zip:	Phone #:

If this form is incomplete
or the appropriate
documents are not
attached, refund
processing will be
delayed.

- ⇒ Check the box below that applies.
- ⇒ No refunds will be issued without the proper documentation.
- ⇒ A separate form must be completed for each W2.

1. ☐ **Age Exemption.** Date of birth _____. Attach a copy of your W2 and proof of birthdate (driver's license, state ID, birth certificate).
2. ☐ **Days worked from home.** Days worked outside of Franklin for which the employer withheld tax, and instead you worked from home (remote). Attach a copy of your W-2 Form and a complete log of days out, page 2. Your employer must complete the Employer Certification, page 2.
3. ☐ **Other Days Worked outside of Franklin** for which the employer withheld tax (other than days worked from home). Attach a copy of your W-2 Form and a complete log of days out, page 2. Your employer must complete the Employer Certification, page 2.
4. ☐ **Employer withheld at a higher rate.** Attach a copy of your W-2 Form. Your employer must complete the Employer Certification, page 2.
5. ☐ **Withheld Franklin tax in error.** Attach a copy of your W-2 Form. Your employer must complete the Employer Certification, page 2. Indicate the address of your work location below.

Work Location Street Address	City	State	Zip
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6. ☐ **Over the road truck driver.** Attach a copy of your W-2 Form. Your employer must complete the Employer Certification.
7. ☐ **Military Spouse Residency Relief Act.** Attach copies of W2 Form, Form DD2058, valid military spouse ID card, and service members most recent LES.
8. ☐ **Other (indicate reason)** _____

Refund Claim Information ⇒ Please complete a separate form for each W2 ⇒ Amounts less than \$10.00 will not be refunded. ⇒ Complete page 2	1. Medicare Wages (Box 5 on W2)	\$
	2. Amount Allocable to Franklin	% \$
	3. Franklin Income Tax Due (Multiply line 2 by 2%)	\$
	4. Franklin Income Tax Withheld (Box 19 on W2)	\$
	5. Refund Claimed (Subtract line 4 by line 3)	\$

Under penalty of perjury, I certify I have examined the completed Individual Withholding Refund Request form, and all facts and figures given are true and complete to the best of my knowledge and belief, and no such refund has previously been claimed or received by me. I authorize the Tax Administrator to furnish my City of Residence and/or employer a copy of this document.

Taxpayer Signature: _____ Date : _____

PART II: CALCULATIONS

Part II is only to be completed if you are a non-resident claiming a refund of Franklin City income tax withheld for Days Worked Out of Town.

- A. Total Workdays Available (260 or 261 in leap year) _____
- B. Qualified Days Worked Out of Town (Minus from Line A) _____
- C. Days on The Job in Franklin City (Minus Line B from Line A) _____
- D. Percentage Allocable to Franklin City (Divide Line C by Line A) % Line D is carried over on page 1 _____%

Log of Days Out: List the names of the municipalities/locations where you worked while working outside of Franklin, and the number of days worked in those municipalities/locations. Your own worksheet is acceptable. Use additional paper if necessary.

Travel Date(s)	Work Location	Reason	# days

Travel Date(s)	Work Location	Reason	# days

Total number of days worked outside of Franklin _____

PART III: EMPLOYER CERTIFICATION

I hereby certify the claimant was employed by the employer in which I am representing during the period for which said employee makes claim for refund, and the total amount of \$_____ was withheld for Tax Year _____. No portion of said tax withheld has been or will be refunded to the employee, and no adjustment in withholding remittance has or will be made. I further declare that the number of days worked in City of Franklin listed above are true and correct to the best of my knowledge and belief and that I am authorized to provide this information, under penalty of perjury.

Authorized By: _____

Title: _____ Date: _____

Phone Number: _____