



City of New Philadelphia, Ohio

Income Tax Department
150 E High Ave Suite 041
New Philadelphia, OH 44663

Refund Request Form for Non-Resident Taxpayers Tax Year _____

Name: _____

Social Security #: _____

Current Address: _____

Calculation formula for non-residents:

Attach all supporting documentation

*****TO BE COMPLETED BY TAXPAYER*****

Days worked in New Philadelphia _____

City/Village worked _____ Days or hours

City/Village worked _____ Days or hours

City/Village worked _____ Days or hours

City/Village worked _____ Days or hours

Percentages will be calculated by the
New Philadelphia Income Tax Dept

_____ %

_____ %

_____ %

_____ %

_____ %

*****TO BE COMPLETED BY THE NEW PHILADELPHIA INCOME TAX DEPARTMENT*****

Total percentage of time taxable to New Philadelphia _____ %

Largest Wage \$ _____ X _____ % = _____ taxable to New Phila

New Phila Taxable Wages \$ _____ X 1.50% = \$ _____ tax due

New Phila Income Tax Withheld \$ _____

- Tax Due _____

= Refund Due to Non Resident _____

Employed By: _____

Job Title (be specific): _____

For the following Period (Dates): From: _____ To: _____

Attach an Employer's Schedule of dates and Locations Worked Outside New Philadelphia

THE UNDERSIGNED HEREBY MAKES A CLAIM FOR A REFUND OF NEW PHILADELPHIA CITY INCOME TAX AND DECLARES THAT ALL INFORMATION GIVEN IS TRUE AND COMPLETE.

Date _____ Signed _____ Phone _____

Claimant's Signature

Certification of Employer

I hereby certify that the employee filing this claim for refund was employed by the undersigned. He/She did not work inside the corporate limits of New Philadelphia during the time period specified in our attached schedule of dates and locations for this employee. The employee's claim for refund of New Philadelphia tax is valid based upon our knowledge or the employee's records and/or our knowledge of the employee's work location(s). I hereby certify that no portion of this tax has been or will be refunded directly to the employee and that no adjustment to our withholding account with the City of New Philadelphia has been or will be made for this tax.

Employer _____ Federal ID # _____

Signed _____ Title _____

Officer or Authorized Representative

Phone _____ Date _____

To comply with Ohio Revised Code 718.05 and 719.19 AND New Philadelphia Income Tax Ordinances 197.091 and 197.096, requests for a refund of tax withheld by an employer for non-resident individuals must be submitted as follows:

- 1. Completed only the required section of the refund request form with signature.**
- 2. Attach a copy of form W-2(s).**
- 3. Yearly employer's schedule of days/hours worked in New Philadelphia**
- 4. Employer's schedule of dates and locations worked outside New Philadelphia must be attached. If you are requesting a refund for time worked in another municipality, then the tax became due in that municipality and the City of New Philadelphia will forward a copy of the refund to that municipality for their records. If an employer's schedule with dates and locations worked outside New Philadelphia is unavailable, a maximum of 75% refund can be issued, subject to review by the Income Tax Administrator.**
- 5. Certification of Employer must be completed.**

Please allow 90 days for the processing of your refund request

Refunds are permitted only when municipal income tax has actually been paid by your employer to the City of New Philadelphia. Refunds of tax paid by the taxpayer (not withholding by an employer) may be requested by submitting a City of New Philadelphia Income Tax Return. Refunds of tax withheld by an employer for persons under age 18 may be requested by submitting the City of New Philadelphia Income Tax Return.