

**CLAIM FOR REFUND**

File Original with:

Granville Income Tax Department  
141 E Broadway \* PO Box 514  
Granville, OH 43023

**This form must cover one calendar year and one employer only.  
FORM W-2 MUST BE ATTACHED.**

1. Name of Applicant: \_\_\_\_\_

2. Present Address: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_ City of Employment: \_\_\_\_\_

4. Federal ID Number: \_\_\_\_\_ (Employers only)

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF GRANVILLE VILLAGE TAX

5. In the amount of \$ \_\_\_\_\_

6. While in the employ of (name & address where worked performed): \_\_\_\_\_

7. For the Period (dates) From: \_\_\_\_\_ To: \_\_\_\_\_

8. Resident address for this period: \_\_\_\_\_

9. Reason For Refund: (fully explain and attach schedule of dates and locations worked out if applicable) \_\_\_\_\_

THE UNDERSIGNED FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED. TAXPAYER ALSO UNDERSTANDS THIS INFORMATION MAY BE RELEASED TO TAX ADMINISTRATION OF THE CITY OF RESIDENCE AND THE IRS.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Phone \_\_\_\_\_

**CERTIFICATION OF EMPLOYER**

I/we hereby certify that the 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 the corporation limits of the Village; that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the Village of Granville.

\_\_\_\_\_  
Name of Employer

By: \_\_\_\_\_  
Signature of Officer

Date \_\_\_\_\_ Federal ID # \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**NOTICE:**

- This refund may result in an amendment of Federal, State or other city tax returns.
- Refunds of \$10.00 or more are reported to the IRS.
- Please allow 90 days for the processing of your refund request.
- Refunds of less than \$5.00 will NOT be processed.

**SEE INSTRUCTIONS ON REVERSE SIDE**

## GENERAL INSTRUCTIONS

### A. WHO SHOULD FILE THIS CLAIM:

1. A non-resident who performs less than 100% service within the corporation limits of the city indicated and whose village income tax has been withheld by his employer.
2. An employer who has remitted to the Village of Granville in error, income tax withheld from his employees.

B. This claim must set forth in detail each ground upon which it is made, and facts sufficient to apprise the Income Tax Division of the exact basis thereof.

C. In the case of an employee, claimant's copy of Form W-2 must be attached. Claimant should use W-2 copy provided for local or city taxes since W-2 form will not be returned.

D. The working year consists of 260 days (Saturday and Sunday are not considered working days). Sick, vacation and holiday pay should be prorated in same proportion as time worked out of the city indicated. (260 minus sick, vacation and holidays equals days worked. Total wages divided by days worked equals wages per day. This, times days worked outside city limits, equals non-liability).

E. Certification of employer must be completed by him or his authorized officer or agent.

F. An employer applying for refund of city income tax paid in error in excess of the amount of tax withheld by him, must file an amended withholding form showing accurate figures for the quarter so affected.

### INSTRUCTIONS FOR COMPLETING CLAIM FORM

Line 1: Print full name (first name, last name and middle initial).

Line 2: Print current full address including city, state, and zip.

Line 3: Clearly show social security number and city where you worked.

Line 4: To be used by EMPLOYERS ONLY who are applying for refund of withheld income tax remitted to the Village of Granville in error.

Line 5: Amount of refund applied for.

Line 6: Give full name of employer and address where physically employed during period covered by this claim.

Line 7: State the period by dates that this claim covers within a calendar year. A separate claim must be filed for each year involved.

Line 8: Show resident address for period of time covered by the claim.

Line 9: Explain fully and concisely why Village income tax should be refunded. ATTACH SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE THE CITY and any other pertinent information if the space provided is insufficient.

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**IF ALL INSTRUCTIONS ARE NOT FOLLOWED,  
CLAIM WILL NOT BE APPROVED  
AND WILL BE RETURNED**

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**REFUND REQUESTS WILL NOT BE HONORED  
beyond three years from the date of the taxes were  
due.**