



**DAYS WORKED OUT OF GRANVILLE
CLAIM FOR REFUND
TAX YEAR _____**

****W2 MUST BE ATTACHED****

Name of Applicant _____

Current Address _____

City State & Zip _____

Social Security Number _____

Tax Year _____ Salary \$ _____

Tax Withheld \$ _____

_____ (1) Days worked out (Attach list of dates &

locations)

\$ _____ Salary/260 _____ = _____ (2) average rate per day worked

260 less _____ days worked out of Granville = _____ (3) days in Granville

(2) _____ X (3) _____ = \$ _____ (4) taxable wages for Granville

(4) \$ _____ X (**Year=s Tax Rate) _____ = Granville tax due \$ _____

REFUND DUE \$ _____

Claimant declares that after examining this form that it is to the best of his/her knowledge, true, correct and complete. Claimant further states that said refund has not been received by him/her.

Signed _____ Date _____ Phone _____

Employer Certification

I/We Herby certify that the above employee was employed by the undersigned during the period for which employee makes claim for refund and that the total amount of \$ _____ was withheld for the year _____; that during the period claimed above said employee was not working inside the corporate 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 made in remitting taxes withheld to the Village.

Name of Employer FID # _____ Date _____ Phone _____

Name of Authorized Personnel Signature & Title of Authorized Personnel _____

Mail completed request & supporting documentation for refund to: Village of Granville, Income Tax Division

PO Box 514
Granville OH 43023
(Tel # (740) 587-2764 (Fax # 587-0128
www.granville.oh.us/tax-information

NOTICE: This refund may result in a balance due to your resident City and/or Federal & State tax return. Employer Certification is required by Village of Granville **Please allow 90 days for processing of your refund request**