

Name and Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

**INDICATE IN THE BLOCK BELOW THE TYPE OF CLAIM FILED**  
**W-2 form MUST be attached**

- A)  Refund of Municipal Income Tax withheld on wages earned in a non-taxing community. (Attach a travel log listing dates and places traveled for business, indicating the number of business days out \_\_\_/260 days.)  
 The following formula is used to arrive at the percentage of income to be excluded from tax:

$$\frac{\text{Days Worked Out of the City}}{\text{Total Working Days (260)}} \times \text{Local Wages} = \text{Amount Excluded}$$

Saturdays, Sundays, sick days, vacation days and holidays are not to be counted as days worked out of the city. Total working days should be 260, unless you worked a partial year. Your city of residence will be notified of the amount of any refund.

- B)  Refund of Municipal Income Tax withheld in error. Check reason below:
- \_\_\_ Courtesy withholding in error. I was not a resident of Amherst at any time during the tax year shown above
- \_\_\_ Courtesy withholding in error. I moved out of Amherst on the following date: \_\_\_\_\_
- \_\_\_ Amherst tax withheld at a rate higher than 1.5%
- \_\_\_ Under the age of 18. **A copy of your driver's license or birth certificate must accompany this form.**
- Dates of employment: Beginning \_\_\_/\_\_\_/\_\_\_ Ending \_\_\_/\_\_\_/\_\_\_
- \_\_\_ Other. (Explain) \_\_\_\_\_

**Computation of Overpayment**

1.)	Wages as reported on W-2 Form (Attach W-2s).....1).	
2.)	Less Wages Not Subject to Tax.....2).	
3.)	Net Taxable Wages.....3).	
4.)	Correct Tax [Taxable wages X 1.5% (.015)].....4).	
5.)	Less Tax Withheld.....5).	
6.)	Refund Requested.....(amounts under \$3.00 will not be refunded).....6).	

**I declare under the penalties of perjury that this claim (including any accompanying statement), has been examined by me and to the best of my knowledge and belief is true and correct. I authorize the disclosure of the information herein to any lawful taxing authority affected by the refund.**

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**EMPLOYER'S CERTIFICATION (To be completed by employer)**

I/We have reviewed the above calculations and attachments and believe them to be true and correct. I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the City of Amherst have been or will be made for said tax.

Employer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ FEIN \_\_\_\_\_ Telephone Number(\_\_\_\_) \_\_\_\_\_