



CITY OF FAIRLAWN – DIVISION OF TAXATION
3487 S SMITH RD, FAIRLAWN OH 44333
PO BOX 5433, FAIRLAWN OH 44334
(330) 668-9525 (330) 668-9565 FAX

Income Tax Refund Request

Name _____ Daytime Phone () _____

Address _____

City/State/Zip _____ Social Security/FEIN _____

Acct Number _____ Tax Year _____ Amount of Expected Refund _____

Beginning Tax Year 2016, amounts of \$10 or less will not be refunded

Reason refund is due:

- Under age 18 the entire year. Fairlawn employer _____ Date of Birth _____
 Attach copy of W-2 and proof of age (driver's license or birth certificate).
- 2106 Expense. Fairlawn employer _____ Dates Employed _____ to _____
 Attach copy of all W-2s, Federal Form 2106, Schedule A, and Federal 1040 (pages 1 & 2).
 Deduction is limited to unreimbursed business expenses less 2% of Federal Adjusted Gross Income.
- Overpayment of tax. Explain _____
 Attach proof of overpayment.
- Out of city travel. Fairlawn employer _____ Dates Employed _____ to _____
 Attach copy of W-2 and complete back of form.
- Tax withheld in error. Explain _____
 Attach copy of W-2 and statement from employer.

I hereby certify that the information provided herein is true, correct and complete to the best of my knowledge.

Signature _____ Date _____

Refunds will be issued within 90 days of receiving all needed information and completed refund request form.

Contact the Fairlawn Tax Department at (330) 668-9525 if assistance is needed.

Mail to: City of Fairlawn – Division of Taxation
 PO Box 5433
 Fairlawn OH 44334

Do **Not** Include Vacation, Sick, Holiday, Weekends, or Other Paid Non-Working Days.

Dates From - To	Location City & State	Purpose of Trip	Number of Days

Based on 52 Weeks @ 5 Days per Week or 260 Working Days

travel days x Fairlawn tax paid = Refund Due _____ x \$ _____ = \$ _____
 Total # days employed _____

MANAGER’S VERIFICATION

I have reviewed this Employee’s Certification and agree that the information being provided to the City of Fairlawn by the employee is accurate. The travel days indicated above reflect actual working days and do not include vacation, sick, holiday, weekends or other paid non-working days.

Manager’s Signature _____ Date _____

Printed Name _____ Title _____

Phone _____ Email _____