

CITY OF WARREN, OHIO – Division of Municipal Income Tax
PO Box 230 Warren, OH 44482
Phone: 330-841-2551 Fax: 330-841-2626
www.warren.org

FORM W-REF

Tax Year _____
REF Amt _____
File No. _____
Approved _____

APPLICATION FOR REFUND

Check here if you worked outside your normal place of work due to COVID-19. Please see Option F below.

W-2 MUST BE ATTACHED

Social Security No _____ First name and initial _____ Last Name _____ Address _____ City, State, and Zip Code _____	IF MOVED DURING YEAR- Enter date moved: ____/____/____ Enter former address: Address _____ Apt No. _____ City, State, and Zip Code _____
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PLEASE CHECK BLOCK BELOW THE TYPE OF CLAIM FILED (SEE INSTRUCTIONS)

- A. Refund because the employer continued to withhold Warren income tax after taxpayer moved from Warren.
- B. Refund because the employer withheld more than 2.5% for Warren income tax.
- C. Refund of Warren tax withheld on wages earned outside city (business days out ____/260 days). (Attach calendar, calculations, or spreadsheet showing days out)
- D. Refund because taxpayer is under 18 years of age all or part of year. (Disregard Employer Certification)
- E. Refund for Non-resident, did not work in city at any time during the year.
- F. **Due to COVID-19, days worked outside Warren for which employer withheld tax. (See Instructions)**

Computation of Overpayment (see instructions)

- 1. Wages as reported on W-2 Form (attach W-2)..... 1. \$ _____
- 2. Warren tax withheld as reported on W2..... 2. \$ _____
- 3. Warren income tax due 3. \$ _____
- 4. Amount of Overpayment/Refund 4. \$ _____

NO REFUND ISSUED IF \$10.00 OR LESS

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM (INCLUDING ANY ACCOMPANYING STATEMENTS), 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 No _____

EMPLOYER'S CERTIFICATION (To be completed by Employer only)

I/We declare under the penalties of perjury that 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 Warren have been or will be made for said tax.

Employer's Signature _____ Title _____ Date _____
Company _____ FEIN _____ Phone _____