

City of Kenton
Form SR-1 Non-Resident Refund Request Form

If all necessary parts of this form are not completed and appropriate documentation included, the processing of your refund request will be delayed.

General Information Request for Calendar Year:

- This form is to be used by individual claiming a refund of the city income tax withheld in excess of their liability.
 - If you are claiming a refund for days out of town, please attach a list of cities and dates worked out of town and complete the worksheet on the back of this form.
- Use a separate form for each employer that over withheld taxes, attach all W-2 statements and submit all forms together.
 - No refunds under \$10.00 will be issued.
 - Mail form to: City of Kenton Income Tax Dept.
111 W. Franklin Street
Kenton, Ohio 43326

Part I Please fill in all the spaces in this section

Social Security Number	City/Village of Residence
Name	City/Village of Employment
Address	Employer Address where Services Performed
City, State Zip	Did you move during the tax year? <input type="checkbox"/> No? <input type="checkbox"/> Yes?
	If Yes...Date moved Previous address

[Complete this section from information located on the 2nd page](#)

- | | |
|---|---|
| <p>Column A List total compensation from which tax was withheld (Use the Medicare wage figure from the W-2)</p> <p>Column B List the income considered taxable. See Worksheet</p> | <p>Column D Multiply Column B by 1.5%</p> <p>Column E Enter the tax withheld by your employer</p> <p>Column F Subtract Column E from Column D</p> |
|---|---|

Column A	Column B	Column C	Column D	Column E	Column F
Salaries & Wages	Taxable Income	Rate	Total Tax Due	Tax Withheld	Refund
		1.5%			

Basis for Refund: Give a brief explanation and show computation on reverse side.

I declare that all information given on this form is true and complete to the best of my knowledge, and that a refund has not previously been claimed or received by me for the period covered by this claim. Please sign, date and provide your daytime phone number.

Signed _____ Date _____ Daytime Phone _____

Part II Employer Certification

During the period covered by this claim, income tax in the amount of \$ _____ was withheld from the above named employee's wages paid to the City of Kenton in excess of his/her liability based on the above stated facts and the computation shown on the reverse side of this form. No portion of these taxes has been or will be refunded directly to the employee and no adjustments to our withholding has been or will be made to this tax.

Employer Name _____ Signature _____
 Title _____ Date _____ Phone _____

Non-Resident Employee Refund Application Form SR-1 For Days Worked out of the City of Kenton

Instructions

1. All claims must be properly signed.
2. An employee who is claiming a refund of taxes withheld must list his/her employer(s) names and addresses and attached his/her wage statement(s) showing Kenton tax withheld (Form W-2s).
3. The average working year consists of 261 days (Saturday and Sunday are not considered working days).
4. Training sessions, seminars, local meetings, temporary or casual employment, although they may be out of the City, do not constitute changes in work sites and are not factors in determining time worked out of the City.
5. The employer's certification **must be** completed by an authorized officer or agent.
6. Attach copies of federal forms as may be applicable.
7. No refund of less than ten dollars (\$10.00) will be made.
8. Refund requests will not be honored beyond three (3) years from the date the taxes were due.
9. Refunds are issued within 90 days after the City has receipt of the employer's correct reconciliation form, including all W-2 information, whichever is later.

Note: Incomplete claims cannot be approved and will be returned to the claimant.

If you have any questions, please contact the Income Tax Office at (419) 673-1355 or visit our web site at www.kentoncity.com

