

City of Fairfield



DAYS-OUT-OF-TOWN REFUND REQUEST FORM FOR TAX YEAR _____

Taxpayer Name: _____ S.S. #: _____

Name of Employer: _____ Position: _____

Part I Days Worked Calculation:

1. Total days in the year: _____
2. Number of Saturdays and Sundays: _____
3. Total days worked in year (line 1 minus line 2) _____

Part II Allocation of Wage and Salary Income:

4. Total days worked outside of Fairfield
(Attach a complete itinerary substantiating days not in Fairfield) _____

5. Total days worked in Fairfield (Line 3 minus Line 4) _____

Note: ALL holidays, vacation and sick leave MUST BE INCLUDED in this total.

6. Fairfield Taxable Income Percentage: (should be multiplied by Line 1 on your Fairfield return and put on Line 3 on your Fairfield return)

a. Line 5 _____ divided by Line 3 _____ = _____ FF%

Days-out-of-town Percentage: (should be multiplied by Line 1 on your Fairfield return and put on Line 2 on your Fairfield return) ***

b. Line 4 _____ divided by Line 3 _____ = _____ DOT%

*** When applicable, the city/village of residence will be notified of your refund, as tax may be due to them.

As the supervisor and/or payroll manager for the above, I concur that all of the above information, as submitted by the employee, to be accurate.

Name and Title Phone Number Date