

City of Fairfield



www.fairfield-city.org

Days-Out-of-Town (DOT) Refund Request Form for Tax Year _____

Taxpayer(s) Name: _____ S.S. #: _____

Name of Employer: _____

Part I ALLOCATION OF WAGE AND SALARY INCOME:

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 THIS SECTION TO BE COMPLETED BY INDIVIDUALS WHO ARE OUT OF FAIRFIELD ON A NON-REGULAR BASIS:

4. Total days worked outside of 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:
a. Line 5 _____ divided by Line 3 _____ = Fairfield Percentage _____
Days-out-of-town Percentage:
b. Line 4 _____ divided by Line 3 _____ = DOT Percentage _____

****** Include an itinerary of when and where the work was performed. When applicable, your city/village of residence will be notified of your refund, as tax may be due to them.**

The total % of Line 6b should be multiplied times your qualifying wages (generally the Medicare wages as shown on your W-2; deferred compensation and other compensation included). This amount should be put on Line 2 of your Fairfield return as a deduction against your total W-2 income on Line 1. Line 3 of the Fairfield return should reflect your taxable income to Fairfield.

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.

Signature

Name and Title

Phone Number Date

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