COMPLETE, PRINT AND MAIL IN THIS FORM

☆☆ is an automatically calculated field

City of Fairfield

TRUCK DRIVER REFUND REQUEST FORM FOR TAX YEAR _____

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

Name of Employer: _____

*This form is intended for **truck drivers** whose primary route is outside of Fairfield City limits*. In order to receive a refund, complete this form and have your supervisor and/or payroll manager sign the bottom of this form and attach it to your return. We no longer require a separate letter or itinerary from your employer. As long as your employer withheld correctly, you will receive ninety percent (90%) of your withholdings back as a refund per the City of Fairfield's Income Tax Rules and Regulations.

ALLOCATION OF WAGE AND SALARY INCOME:

1. Total income paid during the year: *(gross salary or **the highest amount on your W-2; deferred compensation and other compensation included,** should be on Line 1 on your Fairfield return)* _____
2. Tax Liability (line 1 times 1.5%): ☆☆ 0.00
3. Total amount withheld for Fairfield: _____
4. Difference: if zero go to line 5; if not, contact our office: ☆☆ 0.00
5. Fairfield Taxable Income Wages: *(should be Line 3 on your Fairfield return)*
   a. Line 1 _____ times ten percent (10%) = ☆☆ 0.00 **FF WAGES**

   Days-out-of-town Wages: *(should be Line 2 on your Fairfield return)* ***
   b. Line 1 _____ times ninety percent (90%) = ☆☆ 0.00 **DOT WAGES**

*** 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

INCOME TAX DIVISION
5350 Pleasant Avenue, Fairfield, Ohio 45014 513-867-5327 (TDD-867-5392)