



Non-Resident Refund Request 2024

City of Fairfield
Income Tax Division
701 Wessel Dr
Fairfield, OH 45014
www.fairfield-city.org
Phone: 513-867-5327
Fax: 513-867-5333
Email: income.tax@fairfield-city.org

Dear Taxpayer,

The Non-Resident Refund Request should be used if your request is the result of days worked outside of Fairfield. You must complete the form as well as an itinerary for the entire calendar year. The days worked in Fairfield, holidays, sick days, and vacation days must be verified for accuracy by your employer. This person must have legal authority to sign on behalf of the company and have direct knowledge of your work schedule.

The completed form, itinerary, and W-2 showing Fairfield withholdings can be submitted to our office for review at the mailing address, email, or fax number listed above.

In addition, please be advised that we will be notifying your resident city, if applicable. Since you are receiving a refund of taxes withheld for your base city of employment, the city of residence may elect to pursue recovery of these dollars.

Sincerely,

City of Fairfield
Income Tax Division

For Tax Year 2024
NON-RESIDENT REFUND REQUEST

**For Days Worked Out of Fairfield
Or Taxes Over Withheld by Employer**

☐ During the year **2024**, my employment with _____ located in the City of Fairfield, required me to perform services both inside and outside the corporate boundaries of the City as follows:

Total Days Paid 52 Weeks @ 5 Days per Week or 260 Working Days:

(or dates of employment -beginning _____ thru _____)

Number of Working Days Outside Fairfield _____

Number of Paid Holidays, Sick Days, and Vacation Days _____

Number of Working Days In Fairfield _____

OR

☐ During the year **2024**, my employer _____ over withheld Fairfield city income taxes for the following reason:

Under penalties of perjury I hereby certify that the information provided herein is true, correct and complete to the best of my knowledge and belief.

Print Employee's Name

Date

Employee's Signature

Social Security Number

Employee's Street Address

Daytime Phone Number

Employee's City, State, Zip

City of Residence

You must attach a copy of your W-2 showing Fairfield wages and Fairfield income taxes withheld.

We will calculate and issue a refund (if any) based on the information provided. You will be notified of your anticipated refund amount via USPS.

~ ~ ~ ~ ~ EMPLOYER' S VERIFICATION ~ ~ ~ ~ ~

The number of days work in Fairfield shown above reflect actual working days at principal place of work. Additionally, no refund of withheld taxes have been paid to employee.

Employer's / Manager's Signature

Date

Print Employer's / Manager's Name

Title

Employer's / Manager's Phone Number and Extension

Please mail, email, or fax completed form and copy of W-2 to:
Income Tax Division - 701 Wessel Drive, Fairfield, OH 45014
income.tax@fairfield-city.org
513-867-5333

SCHEDULE 1

DAYS WORKED INSIDE THE CITY OF FAIRFIELD

WORK LOCATION (S)	WORK LOCATION (S)	WORK LOCATION (S)
JANUARY	FEBRUARY	MARCH
DATE	DATE	DATE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30		30
31		31

JANUARY
DAYS IN _____

FEBRUARY
DAYS IN _____

MARCH
DAYS IN _____

SCHEDULE 1**DAYS WORKED INSIDE THE CITY OF FAIRFIELD**

WORK LOCATION (S)	WORK LOCATION (S)	WORK LOCATION (S)
APRIL	MAY	JUNE
DATE	DATE	DATE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
	31	

APRIL
DAYS IN _____

MAY
DAYS IN _____

JUNE
DAYS IN _____

SCHEDULE 1

DAYS WORKED INSIDE THE CITY OF FAIRFIELD

WORK LOCATION (S)	WORK LOCATION (S)	WORK LOCATION (S)
JULY	AUGUST	SEPTEMBER
DATE	DATE	DATE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	

JULY
DAYS IN _____

AUGUST
DAYS IN _____

SEPTEMBER
DAYS IN _____

SCHEDULE 1
DAYS WORKED INSIDE THE CITY OF FAIRFIELD

WORK LOCATION (S)	WORK LOCATION (S)	WORK LOCATION (S)
OCTOBER	NOVEMBER	DECEMBER
DATE	DATE	DATE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31		31

OCTOBER NOVEMBER DECEMBER
DAYS IN DAYS IN DAYS IN

TOTAL DAYS WORKED INSIDE CITY OF FAIRFIELD