



Truck Driver Refund Request 2024

City of Fairfield

Income Tax Division
701 Wessel Dr
Fairfield, OH 45014
www.fairfield-city.org
Email: income.tax@fairfield-city.org

Phone: 513-867-5327
Fax: 513-867-5333

Name _____ SSN _____	PLEASE ATTACH: <ul style="list-style-type: none">• W-2• Employer letter (if applicable)
Address _____	
City/State/Zip _____	
Phone: _____	
Route Percentage (must equal 100%): _____ % Local _____ % Regional	
Signature _____ Date _____	

This form is intended for truck drivers whose route is primarily outside of Fairfield city limits. In order to receive a refund, complete this form, have your supervisor and/or payroll manager sign the bottom of this form and attach it to your W-2 which shows Fairfield withholdings. **Note:** When applicable, your city/village of residence will be notified of your refund, as tax may be due to them.

ALLOCATION OF WAGE AND SALARY INCOME:

- 1 Total wages during the year: (Qualifying wages, or generally the Medicare wages in **box 5 of the W-2** rounded to the nearest dollar) _____
- 2 Total tax liability (line 1 times 1.5%) _____
- 3 Total amount withheld for Fairfield (box 19 of the W-2) _____
- 4 Fairfield taxable wages (line 1 times local percentage) _____
- 5 Fairfield tax liability (line 4 times 1.5%) _____
- 6 Refund request (line 3 minus line 5) _____

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

_____ Name	_____ Title	_____ Signature
_____ Phone Number	_____ Date	