



## Truck Driver Refund Request 2025

### 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 _____
Address _____	
City/State/Zip _____	
Phone: _____	
Route Percentage (must equal 100%):	_____ % Local    _____ % Regional
Signature _____	Date _____

#### PLEASE ATTACH:

- W-2
- Employer letter (if applicable)

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