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# City of Fairfield

## Truck Driver Refund Request Form for Tax Year \_\_\_\_\_

Taxpayer(s) Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Route Percentage (must equal 100%): \_\_\_\_\_% Local \_\_\_\_\_% Regional \_\_\_\_\_% National

Taxpayer Signature	Date	Mailing Address
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For simplicity, *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 and have your supervisor and/or payroll manager sign the bottom of this form and attach it to your W2. 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: (**Qualifying wages, or generally the Medicare wages including; deferred compensation and other compensation, should equal Box 5 of the W2**) rounded to the nearest dollar. \_\_\_\_\_
2. Tax Liability (line 1 times 1.5%). \_\_\_\_\_
3. Total amount withheld for Fairfield. \_\_\_\_\_
4. Difference: if zero, go to line 5; if over \$10.00, contact our office: \_\_\_\_\_
5. Fairfield Taxable Income Wages
  - a. Line 1 \_\_\_\_\_ times ten percent (10%) = **Fairfield Wages** \_\_\_\_\_
  - Days-out-of-town Wages\*\*\*
  - b. Line 1 \_\_\_\_\_ times ninety percent (90%) = **DOT Wages** \_\_\_\_\_
6. Tax Liability (line 5a times 1.5%) \_\_\_\_\_
7. Refund request (line 3 minus line 6) \_\_\_\_\_

\*\*\* When applicable, your 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.

Signature	Name and Title	Phone Number	Date
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