



## Truck Driver Refund Request 2023

### 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 _____	<b>PLEASE ATTACH:</b> <ul style="list-style-type: none"><li>• W-2</li><li>• Employer letter (if applicable)</li></ul>
Address _____	
City/State/Zip _____	
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 and 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 income paid during the year: (Qualifying wages, or generally the Medicare wages in **box 5 of the W-2** rounded to the nearest dollar) \_\_\_\_\_
- 2 Tax Liability (line 1 times 1.5%). \_\_\_\_\_
- 3 Total amount withheld for Fairfield (box 19 of the W-2). \_\_\_\_\_
- 4 Difference between lines 2 and 3, if any: \_\_\_\_\_
- 5 Fairfield Taxable Income Wages \_\_\_\_\_
  - a. Line 1 \_\_\_\_\_ times ten percent (10%)  
Days-out-of-town Wages \_\_\_\_\_
  - b. Line 1 \_\_\_\_\_ times ninety percent (90%) \_\_\_\_\_
- 6 Tax Liability (line 5a times 1.5%) \_\_\_\_\_
- 7 Refund request (line 3 minus line 6) \_\_\_\_\_

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.

_____ Signature	_____ Name and Title	_____ Phone Number	_____ Date
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