



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 _____
Address _____	
City/State/Zip _____	
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 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