



CITY OF KETTERING

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Revised 01/07

REFUND REQUEST

CALENDAR YEAR ENDED
DECEMBER 31, _____

Refunds are allowed only when city income tax has actually been paid or withheld to the City of Kettering. Refunds of tax paid by the taxpayer (not withheld by an employer) may be requested by submitting the City of Kettering Income Tax Return (Form KR-1040). Requests for refunds of tax withheld must be submitted as outlined below. In all cases, information in addition to the items outlined below may be requested by our office. Incomplete refund requests will be returned to the taxpayer and must be refiled with complete information and documentation. **Please note that it may take up to 12 weeks for your refund to be processed.**

INSTRUCTIONS

A. Days worked outside Kettering

1. Complete Refund Request form Parts I, II, and the refund calculation worksheet.
2. Attach Form(s) W-2.
3. Attach supporting documentation for the dates and locations worked outside Kettering (listing of travel days). We have provided a days worked outside the City of Kettering worksheet for your use.

B. Taxpayer under age 18

1. Complete Refund Request form Parts I and II.
2. Attach Form(s) W-2.
3. Attach a copy of the taxpayer's birth certificate or driver's license.
4. If taxpayer turned 18 during the year, a schedule must be completed detailing the income **taxable** to Kettering (i.e., income earned after taxpayer's birthday).

C. Other

1. Complete Refund Request form Part I.
2. Attach Form(s) W-2.
3. Complete City of Kettering Income Tax Return (Form KR-1040).

Account Number:		PART I General Information	
Name		Social Security Number	
Address		City of Residence	
City, State, Postal Code		City of Employment	
Phone Number (Home)	Phone Number (Work)	Employer Address Where Services Performed	

Basis for refund. Give brief explanation (show any computation on this form or an attachment).

I understand that the City of Kettering may furnish a copy of this refund document to the tax administrator of my city of residence or employment. The undersigned declares that all information given is true and complete to the best of his knowledge and belief, and that a refund has not previously been claimed or received by him for the period covered by this claim.

SIGNED: _____ DATE: _____
(Claimant's Signature)

PART II Income and Tax Distribution

A	B	C	D
Taxable Income	Tax Due (Column A x .0225)	Tax Withheld	Refund Due (Column C (-) Column B)
\$	\$	\$	\$

Refund Calculation Worksheet

TAX YEAR _____

DAYS WORKED OUTSIDE OF KETTERING

DAYS AVAILABLE COMPUTATION

	<u>Example</u>	<u>Your Calculations</u>
TOTAL DAYS AVAILABLE (365 minus weekends not worked)	261	_____
LESS: HOLIDAY DAYS	10	_____
VACATION DAYS	10	_____
SICK DAYS	12	_____
(A) TOTAL AVAILABLE WORKING DAYS	<u>229</u>	<u>_____</u>
(A) TOTAL AVAILABLE WORKING DAYS	229	_____
LESS: DAYS WORKED OUT OF TOWN	70	_____
(B) DAYS ON JOB IN CITY OF KETTERING	<u>159</u>	<u>_____</u>

WAGES ON WHICH CITY INCOME TAX IS TO BE PAID:

(B) DAYS ON JOB IN CITY OF KETTERING _____ **X TOTAL INCOME = TAXABLE INCOME**
(From Form W-2) (Enter in Part II, Column A)

(A) TOTAL AVAILABLE WORKING DAYS _____

COMPUTATION: (B) _____ X \$ _____ = \$ _____
 (A) _____

DAYS WORKED OUTSIDE THE CITY OF KETTERING WORKSHEET

TAX YEAR _____

Week Ending	S	M	T	W	TH	F	S	Total Days Worked Out of Kettering	Location

Total Number Of Days Worked Outside Kettering _____

The information contained on this form is accurate to the best of my knowledge and I have written records to substantiate my claim for a refund.

Taxpayer Signature

Date

Supervisor's Name/Title

Supervisor's Telephone Number