



**Income Tax Division**  
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# NON-RESIDENT/DAYS WORKED OUT OF CITY REFUND REQUEST FORM SR-1

## Instructions

1. All claims must be properly signed.
2. An employee who is claiming a refund of taxes withheld must list his/her employer(s) names and addresses and attach his/her W-2(s) showing City of Kenton tax withheld.
3. The average working year consists of approximately 261 days less vacation days, sick days, holidays, and personal days. (Saturdays and Sundays are not considered working days.)
4. Training sessions, seminars, local meetings, temporary or casual employment, although they may be out of the city, do not constitute changes in work sites and are not factors in determining time worked out of the city.
5. The employer's certification **MUST BE** completed by an authorized officer or agent.
6. Attach copies of any federal forms that may be applicable.
7. No refund of less than \$10.00 will be made.
8. Refund requests will not be honored beyond 3 years from the date taxes were due.
9. Refunds are issued within 90 days after the city has receipt of the employer's correct reconciliation form, including all W-2 information, whichever is later.

**NOTE:** Incomplete claims cannot be approved and will be returned to the claimant.

If you have any questions, please contact the Income Tax Office at 419-673-1355 or visit our website at [www.cityofkenton.com](http://www.cityofkenton.com).

**City of Kenton**

**Form SR-1 Non-Resident Refund Request Form**

If all necessary parts of this form are not completed and appropriate documentation included, the processing of your refund request will be delayed.

**General Information** **Request for Calendar Year:**

- o This form is to be used by an individual claiming a refund of the city income tax withheld in excess of their tax liability.
- o If you are claiming a refund for days out of town, please attach a list of cities and fates worked out of town and complete the worksheet attached.

- o Use separate form for each employer that over-withheld taxes, attach all W2 statements , and submit all forms together,
- o No refunds under \$10.00 will be issued.
- o Mail form to: City of Kenton Income Tax Department  
111 W. Franklin St.  
Kenton, OH 43326

**Part I** Please fill in all the spaces in this section

Social Security Number	City/Village of Residence
Name	City/Village of Employment
Address	Employer address where services performed?
City, State, Zip	Did you move during the tax year? <input type="checkbox"/> yes <input type="checkbox"/> no
	If yes...date moved <span style="float: right;">Previous Address</span>

Complete this section from information located on the 2<sup>nd</sup> page

**Column A-List total compensation from which tax was withheld (use Medicare wage figure from W-2)**

**Column D-Multiply Column B by 1.5%**

**Column E-Enter the tax withheld by your employer**

**Column B-List the income considered taxable. See worksheet.**

**Column F-Subtract column E from Column D**

Column A	Column B	Column C	Column D	Column E	Column F
Salaries & Wages	Taxable Income	Rate	Total Tax Due	Tax Withheld	Refund
		1.5%			

Basis for Refund: Give a brief explanation and show computation on following page.

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I declare that all information given on this form is true and complete to the best of my knowledge, and that the refund has not previously been claimed or received by me for the period covered by this claim. Please sign, date, and provide your daytime phone number.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Part II** Employer Certification

During the period covered by this claim, income tax in the amount of \$ \_\_\_\_\_ was withheld from the above names employee's wages paid to the City of Kenton in excess of his/her liability based on the above stated facts and the computations shown. No portion of these taxes have been or will be refunded directly to the employee and no adjustments to our withholding has been or will be made to this tax.

Employer Name: \_\_\_\_\_ Sign: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

# Calculation Worksheet

□ Compute the amount to be entered as taxable city income by multiplying the total compensation by the ratio of the actual days worked. Days worked only refers to actual days on the job.

	<u>EXAMPLE</u>	<u>YOUR CALCULATIONS</u>
1. Total work days available (365 minus weekends not worked)	261	1. _____
2. Less days worked out of town <small>*Remember to attach list of dates and locations</small>	80	2. _____
3. Days on the job in the city	181	3. _____

<b>(Divide)</b>	<u>(3) Days on the job in the city</u>	X	Total Income	= Taxable Income
	<u>(1) Total work available days</u>	X	\$ _____	= \$ _____
<b>Computation:</b>	<u>Line 3</u>	X	\$ _____	= \$ _____
	<u>Line 1</u>			

Total tax due (to column D)                      \$ \_\_\_\_\_ (Taxable income X 1.5%)

Less: Tax Withheld (to column E)                      \$ \_\_\_\_\_

Refund Due (to column F)                      \$ \_\_\_\_\_

File with:                      City of Kenton  
 Income Tax Department  
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