



"Working Together to Build a Better Community"

**FORM F-REV - APPLICATION FOR REFUND TAX YEAR: \_\_\_\_\_**

Check Status: ☐ Individual ☐ Joint

Your Social Security Number _____ Your first name and initial _____ If a joint return, spouse's first name and initial _____ Address _____ City, State and Zip Code _____	Spouse's Social Security Number _____ Last Name _____ Last Name _____ Apt. No. _____ City, State and Zip Code _____	<b>IF MOVED DURING YEAR-</b>  Enter date moved: ____/____/____  Enter former address: Address _____ Apt. No. _____ City, State and Zip Code _____
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**CHECK THE TYPE OF CLAIM FILED (see instructions)**

- ☐ **A.** Refund because the employer continued to withhold Fairfax residence income tax after you moved out of Fairfax
- ☐ **B.** Refund because the employer withheld more than 1.75% for Fairfax residence income tax
- ☐ **C.** Refund of Fairfax employment tax withheld on wages earned outside of Fairfax. (Attach a travel log listing dates and locations traveled for business, include the total number of business days worked outside of Fairfax \_\_\_\_/260 days) See instructions.

**Computation of Overpayment (see instructions)**

1. Wages as reported on W-2 Form (Attach W-2) ..... 1. \$ \_\_\_\_\_
2. Fairfax Tax Withheld as reported on W-2 ..... 2. \$ \_\_\_\_\_
3. Fairfax Income Tax due ..... 3. \$ \_\_\_\_\_
4. Amount of overpayment ..... 4. \$ \_\_\_\_\_
5. Minus the amount you would like credited to your account ..... 5. \$ \_\_\_\_\_
6. **Net amount to be refunded** ..... 6. \$ \_\_\_\_\_

**I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM (INCLUDING ANY ACCOMPANYING STATEMENTS) HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE, BELIEVE IT IS TRUE AND CORRECT. I AUTHORIZE THE DISCLOSURE OF THE INFORMATION HEREIN TO ANY LAWFUL TAXING AUTHORITY AFFECTED BY THE REFUND.**

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYER'S CERTIFICATION (To be completed by employer)**

I/We declare under the penalties of perjury that I/we have reviewed the above calculations and attachments and believe them to be true and correct. I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the Village of Fairfax have been or will be made for said tax.

Employer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Federal ID # \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Who May Use This Form:** Persons seeking a refund of municipal tax paid to or withheld for the Village of Fairfax.

Note: If the amount of the overpayment is less than \$10.00 the amount will not be refunded.

- **Year of return:** Enter the year for which this claim covers in the header of this form "Tax Year: \_\_\_\_". A separate return is required for each year filed.
  - Note: The Statute of Limitations for refunds is three (3) years.
- **Social Security Number:** Enter your social security number. If you are filing jointly, include your spouse's social security number.
- **Name and Address:** Enter your name and address in the space provided. If you moved during the year, indicate the date moved and show your former address.
- **Type of Claim Filed: Check the box for the type of refund claim you are filing.**
  - A refund is sought because the employer continued to withhold Fairfax residence income tax after you moved out of Fairfax.
  - A refund is sought because the employer withheld more than 1.75% for Fairfax residence income tax.
  - A refund of Fairfax employment tax withheld on wages earned outside of Fairfax. (Attach a travel log listing dates and locations traveled for business, include the total number of business days outside of Fairfax \_\_\_\_/260 days, as well as appropriate Tax Returns showing Tax Paid to each Municipality you worked and earned income in). Days outside of the Village of Fairfax must be documented with a travel log showing the date, place and business purpose of travel. The employer's certification must be signed. The following formula is used to arrive at the percentage of income to be excluded from tax:  
**Days Worked Out of the City x Local Wages=Amount Excluded Total Working Days (260)**  
Saturdays, Sundays, sick days, vacation days and holidays do not count as days worked out of the city. Total working days should be 260, unless you worked a partial year. On the income earned while traveling, you will owe residence tax to your home city at the full percentage rate.
- **Computation of overpayment:**
  - **Line 1:** Enter the amount of local wages from your W-2 Form(s). **Wages that are deferred for Federal and State purposes must be included in Local Wages.** All W-2 Form's, 1099's and statements showing reimbursements must be attached. If more than one employer, use a separate Refund Form for each employer.
  - **Line 2:** The amount of tax withheld by your employer.
  - **Line 3:** Enter the amount of Fairfax Income Tax due from your previously calculated tax return.
  - **Line 4:** Subtract line 4 from line 3. This is the amount of your overpayment.
  - **Line 5:** Indicate the amount you would like credited to your account.
  - **Line 6:** Subtract line 5 from line 4. This is the amount to be refunded.
- **Sign Your Application For Refund:** Your Application for refund is not complete if it is not signed. On a joint application, both husband and wife must sign. If you are filing this form on behalf of another person, a Power of Attorney form must accompany this form.
- **Employer's Certification:** The Employer's Certification must be signed by the employee's supervisor or other responsible representative of the employer who has knowledge that the information given is true and correct.
- **Remember Your Documentation! Requests without Supporting Tax Returns when appropriate and Travel Logs will be denied.** Provide a phone number and email address should we have questions.
- **Penalties for Filing a Fraudulent Return:** Persons filing a fraudulent return shall be guilty of a misdemeanor and shall be fined not more than Five Hundred Dollars (\$500.00) imprisoned not more the six (6) months or both, for each offense.