



CITY OF BROOK PARK

DEPARTMENT OF TAXATION

6161 ENGLE ROAD BROOK PARK, OHIO 44142

www.cityofbrookpark.com

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REFUND REQUIREMENTS FOR YEAR 2007

All non-residents must sign the disclosure form attached!!

*****Income claimed as non taxable to the City of Brook Park must be claimed and tax paid to either your resident city or the city where earned!! Refunds will be reported to your resident city taxing authority! \$5.00 minimum for refunds! All filings must be up-to-date!**

IN ADDITION TO A COMPLETED AND SIGNED BROOK PARK TAX RETURN YOU WILL NEED ONE OR MORE OF THE FOLLOWING:

COPIES OF ALL SCHEDULES. W-2'S AND 1099'S, AND COMPLETE LINE 11a on RETURN AS APPLICABLE

IF UNDER AGE EIGHTEEN: - A copy of your **Birth Certificate or Driver's license** showing date of birth if you are filing for the first time. If you have turned eighteen during the year 2007, YOU WILL BE TAXED FOR THE WHOLE YEAR!

INTERSTATE DRIVERS, ETC.: - Your name must be on the form submitted by the terminal manager and you must drive out of state. You must also **sign the disclosure form on the back!**

WORK DONE OUT OF CITY OF BROOK PARK BUT WITHELD FOR BROOK PARK

We will need a copy of your **resident city tax return** indicating payment of the tax for the income you are exempting from taxation by Brook Park or, if you have not yet filed, a copy of your last year's return. You will need to **sign the disclosure form** (on back) You must **submit legible copies of expense accounts, company logs, travel vouchers etc. verifying** days out of city excluding sick days, weekends, holidays and vacation days. If company records not available, you must have employer's certification (on back). **Only full days apply.** If traveling by plane, use a full day in Brook Park if departure is in the afternoon. If arriving in Brook Park prior to noon, it is also a full day in Brook Park. We will notify your resident city of the refund when issued. (NASA employees can obtain special form from our office or NASA human resources.)

2106 EXPENSES - Submit Federal **Schedule 2106** and a copy of Federal **Schedule A**. The 2106 credit will be reduced by 2% of gross income as reported on schedule A. If withholding tax was paid to another city, you must reduce the withholding credit proportionate to the expense. (File with work city for refund!!!) **Non-residents must sign disclosure form** (on back). We will notify your residence city of the refund. 2106 expenses consisting entirely of Line 4 will not be refunded unless meeting IRS qualifications.

PRIOR YEAR'S OVERPAYMENTS - if a future tax liability is presumed to exist, and the amount is less than \$40.00, no refund is allowable. If payment was made three or more years prior to the filing date, no refund allowable. (Residents use April 15th, non-residents must use January 31st) Filings must be up-to-date, \$5.00 minimum refund.

Call at 433-1533 if you have any questions!!

ALL REFUNDS SUBJECT TO AUDIT AND GOVERNING ORDINANCE. PAYMENT WILL BE DELAYED UNTIL COMPLETE INFORMATION IS OBTAINED

TAXPAYER'S NAME:

SOCIAL SECURITY NUMBER

STREET

CITY STATE ZIP

PHONE NUMBER

NAME OF EMPLOYER:

EMPLOYER'S CERTIFICATION TO BE COMPLETED BY EMPLOYER/EMPLOYEE: I/WE VERIFY THAT DURING I/WE WITHHELD CITY OF BROOK PARK INCOME TAX FROM THE ABOVE NAMED EMPLOYEE IN EXCESS OF HIS LIABILITY FOR THE TAX BASED ON THE FOLLOWING REASON:

(ATTACH LIST OF DAYS OUT OF TOWN, EXPENSE REPORTS, BIRTH CERTIFICATE, ETC AS REQUIRED-SEE REVERSE SIDE!)

A) SALARIES, WAGES ETC PAID \$ ON WHICH BROOK PARK TAX WAS WITHHELD (ATTACH W-2) WAGES EARNED IN BROOK PARK \$ @ 2% CITY TAX: \$ OVERPAYMENT: \$

COMPUTATION:

MANAGER SIGNATURE TITLE DATE PHONE NUMBER

PRINT OR TYPE NAME OF SIGNATORY AND TITLE

B) THE EMPLOYEE'S ADDRESS ACCORDING TO OUR RECORDS FOR THE PERIOD COVERED BY THE CLAIM WAS: 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 CITY OF BROOK PARK HAVE BEEN OR WILL BE MADE FOR SAID TAX. I FURTHER WARRANT THAT THE ABOVE NAMED MANAGER HAS AUTHORITY TO APPROVE TRAVEL FOR THE ABOVE NAMED EMPLOYEE AND THAT THE ABOVE LISTED TRAVEL WAS MADE FOR COMPANY REASONS.

EMPLOYER VERIFICATION TITLE DATE PHONE NUMBER

PRINT OR TYPE NAME OF SIGNATORY

C) I CERTIFY THAT THE FACTS, ALLEGATIONS AND APPENDED INFORMATION INCLUDING THE ATTACHED TAX RETURN ARE TRUE AND AUTHORIZE THE DISCLOSURE OF THE INFORMATION HEREIN TO ANY LAWFUL TAXING AUTHORITY BY THIS REFUND.

EMPLOYEE SIGNATURE DATE REFUND PHONE NUMBER