City of Fairfield

www.fairfield-city.org

Truck Driver Refund Request Form for Tax Year _____

Taxpayer(s) Name: _____ S.S. #: _____

Name of Employer: _____

Route Percentage (must equal 100%): _____ Local _____ Regional _____ National

For simplicity, *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 return. We no longer require a separate letter or itinerary from your employer. As long as your employer withheld correctly, you will receive ninety percent (90%) of your withholdings back as a refund per the City of Fairfield's Income Tax Rules and Regulations.

ALLOCATION OF WAGE AND SALARY INCOME:

1. Total income paid during the year: *(Qualifying wages, or generally the Medicare wages including; deferred compensation and other compensation, should equal Line 1 on your Fairfield return) rounded to the* nearest dollar _____

2. Tax Liability (line 1 times 1.5%). _____

3. Total amount withheld for Fairfield. _____

4. Difference: if zero, go to line 5; if not, contact our office: _____

5. Fairfield Taxable Income Wages *(should be Line 3 on your Fairfield return)*
   a. Line 1 _____ times ten percent (10%) = Fairfield Wages _____

   Days-out-of-town Wages (*should be Line 2 on your Fairfield return)* ***
   b. Line 1 _____ times ninety percent (90%) = DOT Wages _____

*** When applicable, *your city/village of residence will be notified of your refund, as tax may be due to them.*

As the supervisor and/or payroll manager for the above, I concur that all of the above information, as submitted by the employee, to be accurate.

_____ _____ _____ _____

Signature Name and Title Phone Number Date

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INCOME TAX DIVISION
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