

**2015
Nonresident Refund Tax
Return
City of Cincinnati**
<http://www.cincinnati-oh.gov/citytax>
Customer Service: (513) 352-2546

TO EXPEDITE PROCESSING,
PLEASE DO NOT STAPLE.
THIS SPACE IS FOR OFFICIAL USE ONLY

Use this return if you were a nonresident or part-year resident of Cincinnati and you are filing for a refund of taxes withheld by your employer.

Full-year residents should use the Individual Tax Return.

Mail Completed Forms to: PO Box 637876, Cincinnati, OH 45263-7876

Account # _____ Social Security # _____

Name _____

Address _____

City/State/Zip _____

If your account information is incorrect, please show the correct information above and check this box.

Residency Status (Check Only One) Nonresident Part-year Resident (From ___/___/___ To ___/___/___)

Address and city where the work was performed Daytime Telephone Number

Please complete both the address and daytime telephone number blocks.

1.	W-2 Earnings (Gross Wages, Tips, Salaries, Commissions and Other Compensation) Include copies of all W-2 forms If you have additional taxable income, please use our regular individual tax return. (Use Box 5, Not Box 1)		\$
2.	Less Unreimbursed Employee Business Expenses (Include a copy of the Federal Form 2106 (EZ))		\$
3.	Adjusted Earnings (LINE 1 MINUS LINE 2)		\$
4.	Amount of Line 3 Allocable to Cincinnati from Schedule L-2-C	. %	\$
5.	Cincinnati Income Tax 2.1% (.021) Of Line 4		\$
6.	Total Cincinnati Tax Withheld By Employer(s)	\$	
7.	Total Income Taxes Paid To Another Municipality Or County (Part-year Residents Only)	\$	
8.	Total Taxes Paid (ADD LINES 6 AND 7)	\$	
9.	Amount To Be Refunded (Less than \$5.00 will not be refunded)		\$

I CERTIFY THAT I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES.

PAID PREPARER SIGNATURE _____ PTIN _____

NAME OF FIRM OR EMPLOYER _____

ADDRESS OF FIRM OR EMPLOYER _____ TELEPHONE NUMBER _____

May the City Tax Division
discuss this return with the
preparer shown to the left?
() YES () NO

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF SPOUSE _____ DATE _____