

**2020 INDIVIDUAL APPLICATION FOR REFUND NOT CLAIMED ON TAX RETURN**

Check Status:  Individual  Joint

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

**PLEASE CHECK BOX BELOW FOR THE TYPE OF CLAIM FILED (SEE INSTRUCTIONS)**

- A. Refund of municipal income tax withheld for all or part of the year that applicant was under 18 years of age. See instructions for exceptions. (attach W-2, and a copy of your birth certificate or a copy of your driver's license)
- B. Refund of Brunswick employment tax withheld on wages earned outside of Brunswick. (Attach a travel log listing dates and places traveled for business, indicating the number of business days out/ 260 days) See instructions.
- C. Other (explain) \_\_\_\_\_

**Computation of Overpayment (see instructions)**

1.	Wages as reported on W-2 Form (Attach W-2's).....	1	\$ _____
2.	Less Wages Not Subject to Tax.....	2	\$ _____
3.	Net Taxable Wages.....	3	\$ _____
4.	Corrected Tax (2.00%) .....	4.	\$ _____
5.	Brunswick Tax Withheld.....	5.	\$ _____
6.	Amount of overpayment.....	6.	\$ _____
7.	Less the amount you would like credited to your account.....	7.	\$ _____
8.	Net amount to be refunded.....	8.	\$ _____

**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 AND BELIEF 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 \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

I authorize the Income Tax Division to discuss my account with preparer named above.

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

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 City of Brunswick have been or will be made for said tax.

Please complete the above Computation of overpayment (lines 1-8)

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

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