



## CITY OF IRONDALE

### AFFIDAVIT REGARDING PETITION FOR REFUND OF IRONDALE OCCUPATIONAL TAX

I, the undersigned, do hereby certify under oath that I am entitled to a refund of City of Irondale Occupational Tax for the period(s) and for the amount(s) indicated below, determined based upon a percentage of time spent working outside of the corporate limits of the City of Irondale, as follows. (Please print or type)

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Tax ID# \_\_\_\_\_

Work Station Address \_\_\_\_\_

Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_

Supervisor or Manager \_\_\_\_\_

Phone \_\_\_\_\_

Period for which refund is being requested \_\_\_\_\_

#### EMPLOYEE WORKSHEET

1. Total Compensation Subject to Tax \$ \_\_\_\_\_
2. Enter 1% of Line 1 \$ \_\_\_\_\_
3. Percentage of time worked in Irondale (Documentation Required) \_\_\_\_\_ %
4. Multiply amount on Line #2 by percentage rate on Line #3  
Enter result here \$ \_\_\_\_\_
5. Subtract amount of Irondale Occupational Tax withheld  
(Copy of W-2 form must be attached) \$ \_\_\_\_\_
6. Enter here the difference between Lines #4 and #5, which is  
additional tax due, or refund you are claiming \$ \_\_\_\_\_

I further certify that the information contained herein, to the best of my knowledge, is true and correct.

\_\_\_\_\_  
Signature of Employee Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

#### STATEMENT OF EMPLOYER

I do hereby certify that I have examined the information above relating to the employee's job title, job duties, wages, and tax withheld and have determined that this information, to the best of my knowledge, is true and correct. I have also examined the exclusion percentage claimed by the employee and find that it is reasonable, and can be substantiated by the company's books and records.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name Title