

CITY OF BIRMINGHAM

AFFIDAVIT REGARDING PETITION FOR REFUND OF BIRMINGHAM OCCUPATIONAL TAX

STATE OF

)

COUNTY OF)

I, the undersigned, do hereby certify under oath that I am entitled to a refund of City of Birmingham 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 Birmingham, as follows. (Please print or type)

Social Security Number		Date	
Full I	Legal Name		
	e Address		
	e Phone Number ()		
Name	e of Employer	Bham Tax ID#	
Work	Station Address		
Job Title		Work Phone	
Desci	iption of Job Duties		
Supervisor or Manager			
Perio	d for Which Refund is Being Requested		
EMP	LOYEE WORKSHEET		
1.	Total Compensation Subject to Tax (Medicare Wages)	\$	
2.	Enter 1% of Line 1	\$	
3.	Percentage of time worked in Birmingham (Documentation Requ	irmingham (Documentation Required)%	
4.	Multiply amount on Line #2 by percentage rate on Line#3. Enter result here	\$	
5.	Subtract amount of Birmingham 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 furth	er certify that the information contained herein, to the best of my knowle	edge, is true and correct.	
	Signature of Employee		Date
Subscr	ibed and sworn before me this the 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