



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 Legal Name _____
Home Address _____
Home Phone Number () _____
Name of Employer _____ Bham Tax ID# _____
Work Station Address _____
Job Title _____ Work Phone _____
Description of Job Duties _____
Supervisor or Manager _____ Phone _____
Period for Which Refund is Being Requested _____

EMPLOYEE WORKSHEET

- 1. Total Compensation Subject to Tax (Medicare Wages) \$ _____
2. Enter 1% of Line 1 \$ _____
3. Percentage of time worked in Birmingham (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 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 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 _____

Name _____ Title _____