

CLAIM FOR REFUND - GENERAL INSTRUCTION

- (A) Claim form:
Non-resident who performs no service within the corporate limits of the City of Cambridge and has had Cambridge income tax withheld by his employer.
- (B) This claim must set forth in detail and under oath each ground upon which it is made and facts sufficient to appraise the Income Tax Department of the exact basis thereof.
- (C) Claimant's copy of form W-2 must be attached. This will be returned upon request.
- (D) A claim for refund due to being under 16 years of age, **MUST** be accompanied by a statement of either parent giving exact birth date of claimant.
- (E) Certification of employer must be completed and signed by an authorized officer or agent.

INSTRUCTIONS FOR COMPLETING CLAIM FORM

- Line 1. Print name and social security number plainly.
- Line 2. Give permanent residential address.
- Line 3. Phone Number.
- Line 4. To be used by **EMPLOYERS ONLY**.
- Line 5. Amount of refund.
- Line 6. Give full name of employer during period covered by this claim.
- Line 7. State the period by dates that this claim covers within a calendar year. A separate claim must be filed for each year involved.
- Line 8. Explain fully and concisely why Cambridge Income tax should be refunded, give total number of days worked. **ATTACH SCHEDULE OF DATES OUTSIDE THE CITY OF CAMBRIDGE** and any other pertinent information.

**CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT**

CLAIM FOR REFUND

To be filed with the Income Tax Department

(This form must cover one calendar year only. W-2 and all items listed on line 7 must be attached)

1. Name of applicant _____ Social Security No. _____
2. Street _____ City _____ State _____ Zip _____
3. Phone Number work _____ home/cell _____
4. Withholding account number _____ (See instructions for line 3)

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF CAMBRIDGE INCOME TAX

5. In the amount of \$ _____
6. While in the employ of _____
7. For the period (dates) _____
8. For the reason (explain fully, give total number of days worked and attach a schedule of dates worked out):

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM

Sworn to and subscribed before me this

_____ day of _____ 20____

(Signature and Title)

Signed _____
(Signature to be notarized)

CERTIFICATION OF EMPLOYER

I/We hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that during said period \$ _____ was withheld for the earning paid said employee; that the total amount of \$ _____ was withheld for the year _____; that said employee was not during the period claimed above, working inside the corporate limits of the City of Cambridge; that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes to the City of Cambridge.

Name of employer

By: _____
Printed name

Signature

Title and Phone Number