



INCOME TAX DEPARTMENT
NON-RESIDENT CLAIM FOR REFUND
TAX YEAR _____

Note: Enclose W-2(s) with claim for refund. Please allow 90 days for processing of your refund request.

Name of Employee _____ SS# _____
Current Address _____ City/State/Zip _____
Phone number _____ Email address _____

CHECK THE APPROPRIATE REASON FOR CLAIMING A REFUND OF
DELAWARE CITY INCOME TAX WITHHELD BY EMPLOYER:

___ I did not live or work in the City of Delaware for any part of the tax year and my employer
incorrectly withheld for Delaware. Refund amount \$ _____

My home address was: _____
My work address was: _____

OR ___ I worked _____/260 days outside the City of Delaware (Please note that holidays,
vacation days, funeral leave and sick days are considered days worked in the City.)
Attach list of dates worked out of Delaware and other location(s) worked out of Delaware.
Wages \$ _____ divided by 260 = \$ _____ average rate per work day.
Average rate per work day \$ _____ x _____ # days worked in Delaware = \$ _____
taxable wages for Delaware.
Taxable wages for Delaware \$ _____ x 1.85% = \$ _____ tax due.
\$ _____ tax withheld less tax due \$ _____ = refund \$ _____.

Taxpayer certifies that he/she did not live or work in Delaware as indicated above. Taxpayer
also certifies that said refund has not been received by him/her. Taxpayer also understands that
this information may be released to the tax administrator of the city of residence and the IRS.

Applicant Signature _____ Date _____

EMPLOYER CERTIFICATION OF TAX WITHHELD

I hereby certify that the above employee was employed by the undersigned during the period for
which said employee makes this claim for a refund. The wages and Delaware withholding
reported on the attached W-2 are correct to the best of my knowledge. I further certify that no
portion of said tax withheld has been or will be refunded to said employee and that no
adjustments have been or will be made to the amount of tax withheld and remitted to the City.

Employer Name _____ Phone _____
Printed Name of Employer Representative, Title _____ Email address _____
Signature of Employer Representative _____ Date _____