



**2020 Non-Resident Employee Refund Application for
Days Worked Out of Westerville**
(Instructions on reverse side)

64 E. Walnut St.
Westerville, OH 43081
614-901-6420

Name of Applicant: _____
 Current Address: _____
 City/State/Zip: _____
 Social Security No. _____

No Days out can be claimed from March 9, 2020 through December 31, 2020 per HB197 Sec 29.

A separate form is required if you have multiple W-2 forms, for which a refund is requested. No refunds will be issued without the proper documentation indicated by reason for claim.

Days worked outside of municipality for which the employer withheld tax. Attach a copy of your W-2 Form and the additional paperwork (see instructions). In addition, your employer must complete and sign the Employer Certification below.

Salary (Box 5 on W2): \$ _____ Westerville Tax Withheld: \$ _____

Annual Leave _____ days: Holidays _____ days: Sick Leave _____ days: Total (1) _____
260 less (1) _____ = (2) _____ days worked
Salary \$ _____ / (2) _____ = (3) \$ _____ average rate per day worked
(2) _____ less _____ days worked out of Westerville = (4) _____ days in
Westerville (4) _____ x (3) \$ _____ = (5) \$ _____ taxable wages for Westerville
(5) \$ _____ X 2.0% = (6) \$ _____ Westerville Tax Due

REFUND DUE \$ _____ (Subtract (6) from tax withheld)

Taxpayer's Signature

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this information may be released to the tax administrator of the resident or workplace municipality and the Internal Revenue Service. I further understand that if this refund changes my Westerville residence tax, an amended return must be filed before the refund will be issued. I also understand that if I have an unpaid balance due, this refund will be applied to that balance due.

Signed: _____ Date: _____ Phone: _____

CERTIFICATION OF EMPLOYER

Employer Representative's Signature

The undersigned employer representative states that during the year referenced above, the employer withheld municipal income tax from the above named employee in excess of the employee's liability, as calculated above; that the above referenced employee was employed during the period referenced above; that the employer has examined this claim for refund in its entirety, including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim is true and accurate.

In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

Name of Employer EIN# _____ Date: _____ Phone: _____

Name of Authorized Personnel Signature and Title of Authorized Personnel

NOTICE: Employer Certification is required by City of Westerville

**NON-RESIDENT EMPLOYEE REFUND APPLICATION
FOR DAYS WORKED OUT OF WESTERVILLE**

INSTRUCTIONS

1. All claims must be properly signed.
2. An employee who is claiming a refund of taxes withheld must list his/her employer's names and addresses and attach his/her wage statement(s) showing Westerville Tax withheld (Forms W-2), telework agreement, timesheets, leave year ending paystub (ie leave and earning statement), travel orders and travel vouchers, and provide additional information as needed.
3. The average working year consists of 260 days (Saturday and Sunday are not considered working days).
4. Training sessions, seminars, conferences, local meetings, temporary or casual employment, although they may be outside the city, do not constitute changes in work situs and are not factors in determining time worked out of the city.
5. Employer's certification **MUST BE** completed by authorized officer or agent.
6. Attach copies of Federal forms as may be applicable.
7. No refund of less than ten dollars and one cent (\$10.01) will be made.
8. Refund requests will not be honored beyond (3) years from the date the taxes were due.
9. Refunds are issued within 90 days after the city has receipt of the correctly completed Refund Application and all required documentations, or after receipt of the employer's correct W-3 reconciliation form, including all W-2 information, whichever is later.

NOTE: INCOMPLETE CLAIMS CANNOT BE APPROVED AND WILL BE RETURNED TO CLAIMANT.

In addition, please be advised that we will be notifying your city of residence and those Ohio cities shown on your itinerary that also have an income tax.

No refund will be issued until ALL required tax returns have been filed and tax, penalties and/or interest have been paid.

Overpayments will first be used to pay off any outstanding tax, penalties and/or interest owed to the City of Westerville.

If you have any questions, call 614-901-6420 or email us at incometax@westerville.org