

**DAYS WORKED OUT OF BLENDON TOWNSHIP JEDZ  
CLAIM FOR REFUND  
TAX YEAR \_\_\_\_\_**

**\*\*W2 MUST BE ATTACHED\*\***

Name of Applicant \_\_\_\_\_

Current Address \_\_\_\_\_

City State & Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Tax Year \_\_\_\_\_ Salary \$ \_\_\_\_\_ Tax Withheld \$ \_\_\_\_\_

\_\_\_\_\_ Days worked out (**Attach list of dates & locations**)

Vacation \_\_\_\_\_ days + Holiday \_\_\_\_\_ days + Sick leave \_\_\_\_\_ days = Total (1) \_\_\_\_\_

260 days less (1) \_\_\_\_\_ = (2) \_\_\_\_\_ days worked

\$ \_\_\_\_\_ Salary/ (2) \_\_\_\_\_ = (3) \_\_\_\_\_ average rate per day worked

(2) \_\_\_\_\_ less \_\_\_\_\_ days worked out of Township = (4) \_\_\_\_\_ days in Township

(4) \_\_\_\_\_ X (3) \_\_\_\_\_ = (5) \$ \_\_\_\_\_ taxable wages for Township

(5) \$ \_\_\_\_\_ X (Tax Rate) \_\_\_\_\_ = **Blendon JEDZ tax due \$ \_\_\_\_\_**

**REFUND DUE \$ \_\_\_\_\_**

Claimant declares that after examining this form, that it is to the best of his/her knowledge, true, correct and complete. Claimant further states that said refund has not been received by him/her.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**Employer Certification**

I/We Herby certify that the above employee was employed by the undersigned during the period for which employee makes claim for refund and that the total amount of \$ \_\_\_\_\_ was withheld for the year \_\_\_\_\_; that during the period claimed above said employee was not working inside the JEDZ limits of the Township; 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 withheld to the Township.

Name of Employer \_\_\_\_\_ FID # \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name of Authorized Personnel \_\_\_\_\_ Signature & Title of Authorized Personnel \_\_\_\_\_

**Mail completed request & supporting documentation for refund to: Blendon Township JEDZ  
C/O City of Westerville  
PO Box 636  
Westerville OH 43086-0636  
(Tel # 614/901-6420 - Fax # 614/901-6820)  
www.westerville.org**

**NOTICE: This refund may result in a balance due to your resident City and/or Federal & State tax return.**  
Employer Certification is required by Blendon Township JEDZ  
**Please allow 90 days for processing of your refund request from the due date**