

City of Ashtabula Tax Department
Application for Refund Request
Age Exemption, Working Outside Home COVID19, Out of State Trucker

Name of Employee _____

Employee's Home Address:

Social Security number _____ Tax year of refund _____

Daytime Phone # _____ Evening Phone # _____

Please Circle the corresponding number for type of Refund Requested: (Reason for Claim)

1. Age Exemption Date of Birth _____ Attach copy of your W-2 and proof of your birthdate (birth certificate, drivers, license etc.) a. If you were under 18 for only part of the year, you must either have your employer sign the employer certification part of this application on Page 2, or attach a copy of your pay stub for the pay period on which your birthday fell when you turned 18.

2. Due to Covid-19 days worked outside of municipality for which employer withheld payroll tax. (note see information posted online regarding application of refunds of this type). Attach a copy of your W-2 Form, a log of days worked outside the City of Ashtabula >20 days. Complete the worksheet on Page 3 calculating the Days worked outside the City of Ashtabula. Your employer must complete and sign the Employer Certification on Page 3. Based upon HB 197 section 29 there is no authority as of this date to afford any refunds. (see information regarding HB197 section 29 online). The availability of a refund is dependent upon the outcome of pending litigation and any future appeals. Applications and requests for refunds of this type will be held until this litigation and appeals if any are resolved. If litigation and appeals are in favor of a refund, documentation of the tax return filing and payment to your resident city is required before a refund may be issued. (this documentation of tax return and payment to resident city may be provided to the City of Ashtabula after the litigation and any appeals are resolved.

3. Over-the-Road truck driver. The wages of an interstate trucker regularly assigned to drive in more than one state are only taxable by the municipality of residence. Your employer must complete and sign the employer certification page 4.

**City of Ashtabula Tax Department -Page 2
Application for Refund Request
Taxpayer Under Age 18**

Employer Certification Form:

Name of Employee _____

Employee's Home Address: _____

Social Security number _____ Tax year of refund _____

Daytime Phone number _____ Birthdate _____

A copy of this form is required for each employer you are requesting a refund. Dates of Employment with your company during the Tax year _____:

From _____ To _____

Wages earned prior to Age 18 - \$ _____ Ashtabula Taxes paid before age 18 \$ _____

Employers Certification –

Employer Representative's explanation of reasons for refund and signature

The undersigned employer representative states that during the year referenced above the employer withheld municipal income tax from the above-named employee, that the employee referenced above was employed during the period referenced above, that the employer has examined this claim for refund in its entirety including all 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 adjustment to the employer's withholding account related to this claim have been or will be made.

Representative's Signature **Representative's Title** **Date** **Phone**

Print Representative's Signature **Print Representative's Title** **Print Email Address**

Taxpayer signature: Under penalties of perjury, I declare that I have examined this claim for a refund, 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 also understand that if I have an unpaid balance due from any City of Ashtabula fees, charges or fines, this refund will be applied to that balance due.

Taxpayer's signature _____ Date _____

City of Ashtabula Tax Department -Page 3
Application for Refund Request Form
Working Outside Home COVID19

2021 Tax year Claim:

Name of Employee Shown on Page 1 _____

Employees Home Address _____

Employees SSN _____

Daytime Phone number _____

Evening Phone # _____

Claim Calculation:

1. **Total workdays available.** If you normally work a 5 day workweek and you worked for Your employer for the entire year, enter 260 (52 weeks times 5 days). Otherwise, enter the number of days you normally worked in a week times the number of weeks worked (cannot exceed 260) 1. _____
2. **Days not worked.** Enter the number of days included in line 1 that you did not work due to Holidays, personal days, sick days, and vacation days, etc. 2. _____
3. **Total Days actually worked.** Subtract line 2 from line 1 3. _____
4. **Days worked out of City of Ashtabula due to COVID-19 work at home stay.** 4. _____
5. **Days worked in Ashtabula** for which tax was withheld (subtract Line 4 from line3) 5. _____
6. **Percentage of wages earned in Ashtabula.** (Divide Line 5 by line 3) 6. _____
7. **Total Municipal Taxable wages.** Enter the larger of Box 5 or 18 from your W-2 7. _____
8. **Wages Taxable to the Ashtabula** for which tax was withheld. Multiply line 6 by line 7 8. _____
9. **Wages not taxable to Ashtabula** for which tax was withheld (Subtract Line 8 from Line 7) 9. _____
10. **Amount of over withholding claimed due to COVID-19.** Multiply line 9 by 1.8% 10. _____
Amounts \$10 or less will not be refunded or credited.

City of Ashtabula Tax Department –Page 4
Application for Refund Request Form
Working Outside Home COVID19 & Out of State Trucker

Employers Certification -

Employer Representative's explanation of reasons for refund and 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 employees liability as calculated above; that the employee referenced above was employed during the period referenced above, that the employer has examined this claim for refund in its entirety including all accompanying schedules and statements; and that the employer representative can attest that the information regarding days actually worked 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 adjustment to the employer's withholding account related to this claim have been or will be made.

Representative's Signature **Representative's Title** **Date** **Phone**

Print Representative's Signature **Print Representative's Title** **Print Email Address**

Representative's Business Address – Please Print

Business Net Profits Representative/ Title - Please Print

Daytime Phone # _____

Email Address of Business – Net Profits Representative.

Taxpayer signature: Under penalties of perjury, I declare that I have examined this claim for a refund 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 also understand that if I have an unpaid balance due from any City of Ashtabula fees, charges or fines, this refund will be applied to that balance due.

Taxpayer's Signature _____ Date _____

Mail entire form and all documents to:
City of Ashtabula Income Tax Department
4717 Main Ave. Ste. 2
Ashtabula, Ohio 44004