

TAX YEAR 2021 ONLY

<p>NON RESIDENT REQUEST FOR REFUND WORK FROM HOME</p>
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Purpose of this form:

This form is to be used by those employees who worked in the City of Blue Ash before Covid-19, and as a result of Covid-19, their work location changed to a location outside the City of Blue Ash.

This form is not to be used for days worked outside of the City of Blue Ash due to travel. Please complete the generic Non Resident Request for Refund form located on our website that includes an itinerary of dates and locations worked outside of Blue Ash.

Request for Refund due to work location change:

If your employer continued to withhold Blue Ash taxes on your wages for tax year 2021, and Blue Ash taxes should not have been withheld due to a change in work location, please fill out the attached form in its entirety. Additionally, please submit the following items for refund processing:

- Clear and complete copies of 2021 W-2 forms that include federal, state, and local income tax information
- Certification from your employer as to how many days in 2021 you worked inside the City of Blue Ash limits, and certification from your employer that no portion of the withholding tax has been or will be refunded directly to you from your company
 - Refunds will not be processed without employee and employer certification.
- Please make sure that the refund calculation is completed in its entirety. See page 2 of the return.
- Please note: The IRS requires that the City send a 1099-G at year end for refunds of \$10 or greater. Additionally, if you live in another taxing jurisdiction, the refund amount will be reported to that taxing jurisdiction.
- Incorrect or incomplete request will cause delays in the processing of your refund.

For additional information or assistance in completing your refund request, please call (513) 745-8516. Our office hours are Monday through Friday from 8:00-4:30.

CITY OF BLUE ASH 2021 WORK FROM HOME REFUND INCOME TAX RETURN

MUST BE FILED WITHIN 3 YEARS FROM THE DUE DATE OF APRIL 18TH, 2022

Your First Name and Middle Initial	Last Name	
Current home address (number and Street)	Apt #	
City, State and Zip Code		

Your social security number	Tax year of claim <b style="font-size: 1.2em;">2021
Phone Number	Email address

1. FORM W-2 QUALIFYING WAGES, *USUALLY BOX 5 OF FORM W-2* (ATTACH W-2'S)
2. AMOUNT OF LINE 1 ALLOCATED TO BLUE ASH _____% (FROM PAGE 2)
3. BLUE ASH TAX (1.25% OF LINE 2)
4. TAX WITHHOLDINGS (ENTER TAXES WITHHELD FOR THE CITY OF BLUE ASH, BOX 19)
5. SUBTRACT LINE 4 FROM LINE 3. THIS IS YOUR REFUND DUE.

	TAX OFFICE USE ONLY
1.	
2.	
3.	
4.	
5.	

PLEASE NOTE THE FOLLOWING:

REFUNDS OF LESS THAN \$10 WILL NOT BE REFUNDED.

REFUNDS ISSUED WILL BE REPORTED TO FEDERAL AND STATE TAXING AUTHORITIES ON FORM 1099G (as required by law).

REFUNDS ISSUED WILL BE REPORTED TO THE MUNICIPALITY OF RESIDENCE (if applicable).

REFUNDS WILL BE ISSUED WITHIN 90 DAYS OF RECEIPT OF THE COMPLETE REFUND REQUEST.

Taxpayer's Signature: The refund will not be issued without the below 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, accurate 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. Additionally, signature below acknowledges that no income in the calculation above (i.e. Box 5 wages) includes severance pay, supplemental pay days, buyouts etc., for this type of pay is a direct result of your employment with the company.

Taxpayer's Signature

Date

To avoid delays:

- Mail this form along with all the required documents to the address shown at right

Mail with required documentation to:
City of Blue Ash
4343 Cooper Rd
Blue Ash, OH 45242-5699

CALCULATION OF PERCENTAGE ALLOCATED TO THE CITY OF BLUE ASH

A. TOTAL WORK DAYS AVAILABLE IN 2021	<u>261</u>
B. LESS: DAYS NOT WORKED.....	_____
(i.e. Vacation, Holiday, Sick, and other Non-Working Days)	
C. WORK DAYS AVAILABLE (Line A Minus Line B).....	_____
D. TOTAL DAYS PHYSICALLY WORKED IN BLUE ASH IN 2021.....	_____
(If the Employee worked any portion of a day within the Blue Ash work location in 2021, a list of those days must be provided and verified by the Employer. See Employers Certification Below.)	
E. TOTAL PERCENTAGE APPLICABLE TO BLUE ASH (Line D / Line C X 100), To Page 1, Line 2.....	_____ %

***EMPLOYER'S CERTIFICATION (to be completed by employer)**

The undersigned employer representative states that during 2021, 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 tax year as 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 undersign employer representative verifies that no portion of the withholding 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.

The employee worked 100% from their home residence outside the City of Blue Ash.

The employee worked a hybrid schedule. Percentage shown above on Line E.
(Employer must review and initial employee's Work Itinerary.)

No portion of the withholding tax has been or will be refunded directly to the employee by your company. * _____
Initials

Comments from Employer:

Representative's Signature

Print Representative's Title

Date

Printed Representative's Name

(_____) _____
Representative's Phone Number