

City of Bedford – Tax Department
Application for Refund Request Form – Page 1
Age, Working Outside Home HB 110
Passed- July1, 2021

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 employee assigned to 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 Bedford >20 days. Complete the worksheet on Page 3 calculating the Days worked outside the City of Bedford. Your employer must complete and sign the Employer Certification on Page 3. **Based upon the passage of HB 110, there is no authority for issuance of refunds prior to January 1, 2021.**

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 Part 2 on page 2.

City of Bedford Tax Department -Page 2
Application for Refund Request Form- #1 (Continued) Partial Year
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 - \$ _____ Bedford 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 name

Print Representative's Title

Print E-mail 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 Bedford fees, charges or fines, this refund will be applied to that balance due.

Taxpayer's signature _____ Date _____

City of Bedford Tax Department -Page 3
Application for Refund Request Form- #1 (Continued)
Tax year of claim 2021

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 Bedford as assigned to work at home.** 4. _____
5. **Days worked in the Bedford** for which tax was withheld (subtract Line 4 from line3) 5. _____
6. **Percentage of wages earned in Bedford.** (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 Bedford** for which tax was withheld. Multiply line 6 by line 7 8. _____
9. Wages not taxable to Bedford 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 3% 10. _____
Amounts \$10 or less will not be refunded or credited.

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 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.

In addition, the employer agrees to adjust or amend its net profits tax return for this tax year, for the payroll amount refunded upon for this employee as it effects its payroll expense deducted form income earned in the City of Bedford and resident cities of its employees receiving refunds, (this may be in the form of adjusting the allocation formula or if at 100% the actual net profits of the business).Also, net profit returns may need to be filed with other entities than Bedford, as refunds were given for employees in other cities effecting the business net profits/losses.

Representative's signature Representative's title Date Phone

Print Representative's name Print Representative's Title Print E-mail address

Representatives Business Address - Please Print

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 Bedford fees, charges or fines, this refund will be applied to that balance due.

Taxpayer's signature _____ Date _____

Mail this form and all documents to:

**City of Bedford City Hall
Attn: Tax Department
165 Center Road
Bedford, Ohio 44146**