

**City of Bedford 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 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 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 Bedford 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 Bedford 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 - \$** \_\_\_\_\_ **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  
Working Outside Home COVID19**

**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 due to COVID-19 work at home stay.** 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.

**City of Bedford 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 name      Print Representative’s Title      Print E-mail address**

\_\_\_\_\_  
**Representatives Business Address - Please Print**

\_\_\_\_\_  
**Businesses Net profits representative/ Title- Please print**

**Daytime Phone #** \_\_\_\_\_

\_\_\_\_\_  
**E-mail Address of Businesses- 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 Bedford 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 Bedford City Hall  
Attn: Tax Department  
165 Center Road  
Bedford, Ohio 44146**