



CITY OF MIAMISBURG / AUSTIN CENTER JEDD / MIAMI CROSSING JEDD

INDIVIDUAL WITHHOLDING REFUND REQUEST

City of Miamisburg Income Tax Dept.
10 N. First St., Miamisburg OH 45342
Phone (937) 847-6462 Fax (937) 847-6470
<http://www.ci.miamisburg.oh.us/>

**Important Changes to the Tax Year 2020 City of Miamisburg /
Austin Center JEDD / Miami Crossing JEDD Individual
Withholding Refund Request Form Related to COVID-19:**

If any portion of your refund request is related to your working from home or another location due to COVID-19, the refund will not be available until litigation over this issue is completed. See *Buckeye Institute, et al., v. Columbus City Auditor, et al*, Franklin County Common Pleas Court Case No. 20-CV-004301.

The City of Miamisburg will hold your request for refund in a suspended status until this litigation is concluded. Should the conclusion of this litigation determine that a refund is allowed, your request for refund will be processed at that time. Should the conclusion of the litigation determine that a refund is not allowed, you will receive a notice that a refund is not available to you.



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Tax Year: _____

PART I: TO BE COMPLETED BY CLAIMANT

Please complete all 3 sections of **Part I** and sign at the bottom. If a refund is due for days worked out of town, please also complete **Part II**. Employers must complete and sign **Part III** once the claimant has completed their applicable Parts. Once complete, submit this form along with the Miamisburg / Austin Center JEDD / Miami Crossing W-2, and a completed travel log (if applicable).

Last Name	First Name	Social Security Number
Present Address #	Street	Apt.
City	State	Zip Code

Employer Name	Employer Address	Principal Place of Work (Physical Worksite)
City/Township of Residence at time of above employment:		
Reason for Refund (Claimant must provide all pertinent information and facts on which claim is based, explaining fully and concisely why income tax should be refunded):		

1. Medicare Wages (Box 5 on W-2)		\$
2. Amount Allocable to Miamisburg /Associated JEDDs (Part II Lines D & E)	%	\$
3. Miamisburg / Associated JEDDs Income Tax Due (Multiply Line 2 by 2.25%)		\$
4. Miamisburg / Associated JEDDs Income Tax Withheld (Box 19 on W-2)		\$
5. Refund Claimed (Subtract Line 4 by Line 3)		\$

Under penalty of perjury, I certify I have examined the completed Individual Withholding Refund Request form, and all facts and figures given are true and complete to the best of my knowledge and belief, and no such refund has previously been claimed or received by me. I authorize the Tax Administrator to furnish my City of Residence and/or employer a copy of this document.

Taxpayer Signature: _____ Date: _____

Phone Number: _____

(INSTRUCTIONS, PART II: CALCULATIONS, AND PART III: EMPLOYER CERTIFICATION ON BACK)

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INSTRUCTIONS

An employee who is claiming a refund of taxes withheld must list their employer's name, address, and Principal Place of Work (per Ohio Revised Code section 718.011) and attach a copy of the W-2(s) showing Miamisburg / Associated JEDDs income tax withheld.

A claim for refund by persons under 18 years of age must include verification giving the exact birth date of claimant (i.e. copy of birth certificate or driver's license).

Attach copies of Federal forms and schedules as may be applicable. No refund of \$10 (ten dollars) or less will be issued, per Ohio Revised Code 718.19. Refund requests will not be honored beyond three years from the date the taxes are due. Please allow up to 90 days, from the day the office receives the request, for processing your refund.

For Days Out Refunds:

Complete all sections of **Part II**. Total Workdays Available a year are 260 (261 in leap years unless work was performed only part of the year. The following days are **not** considered Qualified Days Worked Out of Town: weekends, holidays, vacation and sick days, training sessions, seminars, meetings, temporary or casual employment (e.g. networking events, working from home out of convenience, etc.). Although they may be outside the city, do not constitute change in work status or Principal Place of Work.

A date and destination log must be attached. See City website for Qualified Days Worked Out of Town Travel Log. Incomplete claims cannot be approved and will be returned to claimant.

Part III—Employer's Certification must be completed by an authorized officer or agent.

PART II: CALCULATIONS

Part II is only to be completed if you are a non-resident claiming a refund of Miamisburg / Associated JEDDs income tax withheld for Days Worked Out of Town.	
A. Total Workdays Available (260 or 261 in leap year)	
B. Qualified Days Worked Out of Town (Minus from Line A)	
C. Days on The Job in Miamisburg / Associated JEDDs (Minus Line B from Line A)	
D. Percentage Allocable to Miamisburg / Associated JEDDs (Divide Line C by Line A)	%
E. Amount Allocable to Miamisburg / Associated JEDDs (Multiply W-2 Box 5 by Line D)	\$
Lines D and E are carried over on page 1, Line 2 (Amount Allocable to Miamisburg /Associated JEDDs).	

PART III: EMPLOYER CERTIFICATION

I hereby certify the claimant was employed by the employer in which I am representing during the period for which said employee makes claim for refund, and the total amount of \$ _____ was withheld for Tax Year _____, said employee was not working within the Tax District of Miamisburg / Associated JEDDs during the period claimed, and that no portion of said tax withheld has been or will be refunded to the employee, and no adjustment in withholding remittance has or will be made.

I further declare that the information contained herein is true and correct to the best of my knowledge and belief and that I am authorized to provide this information, under penalty of perjury.

Authorized By: _____ **Title:** _____

Date: _____ **Phone Number:** _____