

**NON-RESIDENT EMPLOYEE REFUND APPLICATION
FOR DAYS WORKED OUTSIDE MANSFIELD CITY LIMITS
(Instructions on next page)**

Name of Applicant: _____ Social Security No. _____

Current Address: _____ City: _____ State: _____ Zip: _____

Tax Year: _____ Salary: _____ Tax Withheld: _____ [Please Attach applicable W-2(s)]

THIS SECTION TO BE COMPLETED BY INDIVIDUALS TRAVELING OUTSIDE MANSFIELD DURING YEAR:

- A) Total Available Working Days: 260
- B) Less: Days Worked Out of Town _____
(Log of days worked out, destination, and reason for travel must be included)
- C) Days Worked in Municipality _____

COMPUTATION:

$$\begin{array}{r} \text{[} \underline{\hspace{2cm}} \text{ / 260] } \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \\ \text{(Line C)} \qquad \qquad \text{(Line A)} \qquad \text{(Salary)} \qquad \qquad \qquad \text{(Taxable Income)} \end{array}$$

$$\underline{\hspace{2cm}} \times .0175 = \$ \underline{\hspace{2cm}}$$

(Taxable Income) \qquad \qquad \qquad (Mansfield Tax Due)

REFUND DUE: \$ _____. If tax withheld in error, enter total withheld. If refund is due to days worked out of Mansfield, subtract Mansfield Tax Due from Tax Withheld.

I certify that the facts and allegations contained on this form and on any accompanying schedules are true. I understand that this information may be released to the tax administrator of the resident city and the I.R.S.

Signed: _____ Date: _____ Phone: _____

CERTIFICATION OF EMPLOYER

I/We, hereby, certify that the above employee was employed by the undersigned during the period the employee makes claim for refund. The total amount of \$ _____ was withheld for the year _____. The employee was not working inside corporate limits of the City during the period claimed above. No portion of tax withheld has been or will be refunded to employee, and no adjustment has been or will be made in remitting taxes withheld to the City.

Name of Employer \qquad \qquad \qquad FID # \qquad \qquad \qquad Date \qquad \qquad \qquad Phone

Name of Authorized Personnel \qquad \qquad \qquad Signature and Title of Authorized Personnel

**NON-RESIDENT EMPLOYEE REFUND APPLICATION
FOR DAYS WORKED OUT OF MANSFIELD**

INSTRUCTIONS

1. All claims must be properly signed.
2. An employee who is claiming a refund of taxes withheld must attach his/her wage statement(s) showing Mansfield Tax withheld.
3. The average working year consists of 260 days (Saturday and Sunday are not considered working days.)
4. Training sessions, seminars, local meetings, temporary or casual employment, although they may be outside the City, do not constitute changes in work sites and are not factors in determining time worked out of the City.
5. Employer's certification MUST BE completed by authorized officer or agent.
6. Attach copies of Federal forms as applicable.
7. No refund of less than three dollars (\$3.00) will be issued.
8. Refund requests will not be honored beyond three (3) years from the date the taxes were due.
9. Refunds are issued within 90 days after the City has receipt of the correctly completed Refund Application and itinerary forms.

NOTE: INCOMPLETE CLAIMS CANNOT BE APPROVED AND WILL BE RETURNED TO CLAIMANT.

In addition, please be advised that we will be notifying your resident city and those cities shown on your itinerary who also have an income tax. Since you are receiving a refund of taxes withheld for your base city of employment, the work city or city of residence may elect to pursue recovery of those dollars.

If you have any questions, please call (419) 755-9711, or visit our website at www.ci.mansfield.oh.us.

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