

NON-RESIDENT EMPLOYEE REFUND APPLICATION

NAME OF APPLICANT: _____ SSN: _____ Date of Birth: _____

CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TAX YEAR: _____ TAX WITHHELD: _____ (W2 MUST be attached)

REFUND DUE: \$_____. If tax was withheld in error, enter the total withheld (boxes 18-20 on your W2.)

If refund is due to days worked out of Lexington, subtract tax due to Lexington from the tax withheld. If the refund is due to COVID-19 and time worked from home/location outside of Lexington, please check the box. Please complete the box below to configure this.

INDIVIDUALS WHO TRAVEL OUTSIDE LEXINGTON DURING THE YEAR MUST COMPLETE THIS SECTION:

1. Total working days/year: 260
2. Days worked out of Lexington: _____
(a log of the days, destination, and reason for travel must be included)
Check the box if worked from home or a location outside of Lexington due to COVID-19
3. Days worked in Lexington: _____

$$\left(\frac{\text{Line 3}}{260} \right) \times \$ \text{Salary} = \$ \text{Taxable Income}$$

$$\text{Taxable Income} \times .01 = \$ \text{Lexington Tax Due}$$

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 and IRS.

Signature Date

Certification of Employer

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this form. The employee was not working inside the Village of Lexington limits and tax was improperly withheld. Total tax withheld: \$_____ for tax year: _____. No portion of tax withheld has been or will be refunded to the employee and no adjustment will be made in remitting taxes withheld to the City.

Employer FID # Date Phone #

Name of Authorized Personnel Signature of Authorized Personnel

NON-RESIDENT EMPLOYEE REFUND – INSTRUCTIONS

1. Claim must be properly signed by tax payer.
2. W2 or wage statements must be attached showing tax withheld for Lexington, Ohio. Claims for multiple W2s must use a separate form for each request.
3. Average working year consists of 260 days a year. Saturday and Sunday are not considered working days.
4. Training sessions, seminars, local meetings, temporary/casual employment do not constitute changes in work sites and are not factors in determining time worked out of Lexington.
5. The Certification of Employer must be completed and signed by authorized personnel.
6. Applicable Federal Schedules/Forms must be attached.
7. A refund of less than \$3.00 (three dollars) will not be refunded.
8. Refund requests will not be honored beyond three years from the date tax was due.
9. Refunds are issued within 90 days of receipt of proper paperwork. An application missing information will be considered invalid and a refund will not be issued.
10. This office will notify your resident city and the cities on your itinerary form of this refund. Your work city and/or city of residence may elect to pursue recovery of money.
11. If applicant is under the age of 18 and requesting a refund, a copy of the birth certificate and/or state issued identification card must be attached.

INCOMPLETE FORMS WILL NOT BE APPROVED AND WILL BE RETURNED TO THE APPLICANT.

Remit completed forms to:

Village of Lexington, Division of Taxation

44 West Main Street

Lexington, Ohio 44904

Phone: 419-884-7267 Fax: 419-884-1640