



Heath Income Tax Bureau  
 1287 Hebron Rd  
 Heath OH 43056  
 740-522-3427

# COVID-19 REFUND FORM

- ADDITIONAL REQUIRED DOCUMENTATION:**
1. EMPLOYER VERIFICATION OF EMPLOYEE DAYS OUT
  2. EMPLOYER VERIFICATION NO REFUND TO EMPLOYEE
  3. W-2

**\*\*\*MAKE NOTE THAT IF THIS REFUND REQUEST IS SUBMITTED TO OUR OFFICE, YOUR RESIDENT MUNICIPALITY WILL BE NOTIFIED OF THIS REQUEST AND THIS WILL INCREASE YOUR TAX LIABILITY TO THEIR OFFICE. YOU ARE RESPONSIBLE FOR FILING AND PAYING YOUR LOCAL MUNICIPALITY.**

**PERSON RECEIVING REFUND:** NAME: \_\_\_\_\_  
 SSN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 (street)  
 \_\_\_\_\_  
 (city) (state) (zip)  
 PHONE: \_\_\_\_\_

**EMPLOYER'S** NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 (street)  
 \_\_\_\_\_  
 (city) (state) (zip)

**ACCOUNT #:** \_\_\_\_\_ **TAX YEAR:** \_\_\_\_\_  
 (Office Use)

AMOUNT OF GROSS INCOME ON W-2: \_\_\_\_\_ DIVIDED BY 2080 = \_\_\_\_\_ (HOURLY RATE)

CITY INCOME TAX WITHHELD: \_\_\_\_\_

NUMBER OF DAYS OUT: \_\_\_\_\_ TIMES 8 HOURS = \_\_\_\_\_ TOTAL HOURS OUT

HOURS OUT: \_\_\_\_\_ TIMES HOURLY RATE: \_\_\_\_\_ = \_\_\_\_\_ (TIME OUT)

GROSS WAGE: \_\_\_\_\_ MINUS AMOUNT OF TIME OUT = \_\_\_\_\_ (TAXABLE WAGE)

TAXABLE WAGE: \_\_\_\_\_  
 CITY INCOME TAX DUE @ 2%: \_\_\_\_\_

ACTUAL TAX WITHHELD: \_\_\_\_\_ LESS TAX DUE: \_\_\_\_\_ = \_\_\_\_\_

AMOUNT OF REFUND: \$ \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_