



INCOME TAX BUREAU

Bev Shepherd
Tax Administrator

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NON-RESIDENT COVID-19 REFUND REQUEST DISCLOSURE

PLEASE USE THE COVID-19 REFUND REQUEST FORM ONLY IF YOU ARE A NON-RESIDENT REQUESTING A REFUND DUE TO COVID-19 and you have either had to work from home, or another location that is different than your regular place of work.

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.

Currently there is litigation pending between *Buckeye Institute, et al., v. Columbus City Auditor, et al.*, in the Franklin County Common Pleas Court, Case No. 20-CV-004301. Therefore, a refund of tax withheld for work pre-COVID-19 performed at your regular place of work, home or another location may not be available until litigation on this issue is complete.

The City of Heath will automatically hold your refund request in a suspended status until this litigation is resolved. If the conclusion of this litigation allows for a refund, your refund will be processed at that time. However, if the litigation resolution determines that a refund is not allowed, we will notify you in writing that we cannot process this for you.

Please make sure to include a copy of Employer verification for your time out of Heath, as well as a copy of your W-2 that shows Heath tax withheld. We cannot even begin to potentially process a refund without all supporting documentation.

Thank you for your understanding and patience in this matter.

Sincerely,
Heath Income Tax Bureau



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

COVID-19 REFUND FORM

ADDITIONAL REQUIRED DOCUMENTATION:

- 1. EMPLOYER VERIFICATION OF TIME OUT OF HEATH**
- 2. W-2**

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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: _____