



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

WORK FROM HOME 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: _____