

**ST. BERNARD TAX DEPARTMENT**  
*110 Washington Avenue, St. Bernard, Ohio 45217*  
*Phone: (513) 242-7710*  
*Fax (513) 242-5402*  
*Email: [tax@cityofstbernard.org](mailto:tax@cityofstbernard.org)*  
*Website: [www.cityofstbernard.org](http://www.cityofstbernard.org)*

Dear Taxpayer:

Refunds are granted for non-residents who are employed in St. Bernard and are required by their employer to spend extended periods of time traveling outside St. Bernard, and where taxes, for purposes of St. Bernard income tax, have been deducted from their pay during this time.

The nature of employment provides for the occasional instances where an employee may be required to attend conferences, training, seminars that may take place away from their normal job location within St. Bernard. Refunds are limited to those situations where the employee is required to spend extended periods of time working outside St. Bernard.

In order to facilitate the purpose of the refund program, the refund policy provides the guidelines and parameters for a refund to be granted. For all refunds provided, the city, location, or municipality taxing authority for the location that you indicate on your itinerary may be notified that you have filed for or will receive a refund for the period of time spent working in the listed city, location, or municipality.

No refund can be processed without all completed documents, including W-2 forms, 1099s, the completed St. Bernard Tax Return, the front page of completed Federal Tax Form 1040 or any supporting schedules needed to support and confirm your request.

When all forms are completed, return the documents to our office for review. If properly verified by your employer, your refund check will be processed and mailed to your home address. Your cooperation in following instructions will ensure timely payment. Refunds may take up to 90 days until you receive them.

Should you have any questions, you may contact the St. Bernard Tax Department at (513) 242-7710 between the hours of 9:00 am and 5:00 pm weekdays.

**NOTE: If you receive a refund from St. Bernard and did not pay tax to the taxing jurisdiction (municipality) where the work was performed, you are responsible for remitting tax to your resident municipality if they have a local income tax. The St. Bernard tax department has the right to share this information with other taxing jurisdictions.**

The Internal Revenue Service requires that a 1099-G form be sent to you and the IRS at the end of the year for all refunds of \$10.00 or greater.

## General Checklist for Completion of Refund Application Withholding Refund Requests

\*\*Returns with any of the required items missing will be considered incomplete. Unsigned or incomplete requests cannot be processed and will be returned to the sender.

1. **W-2'S** A clear and complete copy of all applicable W-2 forms that include federal, state, and local information including the city (cities) for which local tax is withheld.
2. **A COPY OF THE FACE PAGE OF YOUR COMPLETED FEDERAL TAX FORM 1040 for the tax year you are requesting a refund.**
3. **A COMPLETED ST. BERNARD TAX RETURN for the tax year you are requesting a refund.**
4. **ALLOCATION OF INCOME WORKSHEET** this form is used to determine the percentage, to the nearest one-tenth of a percent, of time worked outside St. Bernard and to calculate refund amount. **THIS FORM MUST BE ATTESTED TO BY YOUR SIGNATURE.**

**NOTE: Do not include weekends, holidays, sick days, vacation days, etc., in your days out calculation if you excluded the days in lines 2a-2e on the Allocation of Income Worksheet.**

**Your days worked outside of St. Bernard, may not include weekends unless you are normally scheduled to work weekends and this information is verified by your employer.**

5. **ITINERARY OF DAYS WORKED OUTSIDE OF ST. BERNARD**  
Complete the Itinerary of Days Worked Outside of St. Bernard only for those working periods where the employee spends the entire day **working** outside St. Bernard. If **any** part of the day is spent within St. Bernard, then the entire day shall be considered a day working within St. Bernard for purposes of determining the allocation of time worked in St. Bernard, unless, the employee can prove they were subject to tax in another municipal tax jurisdiction for the remaining part of that workday.
6. **CERTIFICATION OF EMPLOYER** An officer or supervisor of your employer is required to certify your request by writing a letter, including all information required in the instructions, on your company's letterhead with a **notarized** signature.
7. **CLAIM FOR REFUND ATTESTATION** This document must be completed and signed. This document may be shared with State Auditors.
8. **CITY AND VILLAGE LISTING.** Indicate the total number of days worked in the various taxing jurisdictions which qualify for time worked out of St. Bernard. This information will be forwarded to the respective locations to notify them of the refund for work performed in their jurisdiction. This form must be signed and dated with all respective periods of time worked outside of St. Bernard accounted for on the form.

**ALLOCATION OF INCOME WORKSHEET  
COMPUTATION OF TAXABLE INCOME FOR THE YEAR ENDED \_\_\_\_\_**

The following form must be completed by a nonresident employee working both in and out of St. Bernard. A separate form must be completed for each employer.

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 NAME OF EMPLOYER \_\_\_\_\_  
 (Complete form using black or blue ink only)

**ALLOCATION OF WAGE AND SALARY INCOME TO ST. BERNARD**

- 1) TOTAL DAYS IN YEAR..... \_\_\_\_\_
- 2) NON-WORKING DAYS
  - a. SATURDAYS AND SUNDAYS NOT WORKED..... \_\_\_\_\_
  - b. HOLIDAYS..... \_\_\_\_\_
  - c. SICK LEAVE USED..... \_\_\_\_\_
  - d. VACATION..... \_\_\_\_\_
  - e. OTHER NON-WORKING DAYS..... \_\_\_\_\_
  - f. TOTAL NON-WORKING DAYS (Total lines 2a through 2e) ..... \_\_\_\_\_
- 3) TOTAL DAYS WORKED DURING THE YEAR (Line 1 minus Line 2f) ..... \_\_\_\_\_
- 4) TOTAL DAYS WORKED **OUTSIDE** ST. BERNARD PER ITINERARY..... \_\_\_\_\_
 

Divide by 260 - (Leap Year use 261)
- 5) PERCENTAGE OUTSIDE ST. BERNARD (Line 4 divided by 260 or 261) ..... \_\_\_\_\_ %
 

Subtract from 1.00
- 6) ST. BERNARD ALLOCATION PERCENTAGE (Subtract Line 5 from 1.00). \_\_\_\_\_ %
- 7) ***I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.***

\_\_\_\_\_  
*Claimant's Signature*

\_\_\_\_\_  
*Phone Contact*

## **Itinerary of Days Worked Outside of St. Bernard**

PLEASE LIST INDIVIDUAL DATES AND LOCATIONS IN CHRONOLOGICAL ORDER WITH A  
DETAILED DESCRIPTION OF WORK PERFORMED  
(PLEASE COPY IF ADDITIONAL SHEETS ARE NEEDED)

DATE(S): \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*BRIEF DESCRIPTION OF WORK PERFORMED*

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DATE(S): \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*BRIEF DESCRIPTION OF WORK PERFORMED*

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DATE(S): \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*BRIEF DESCRIPTION OF WORK PERFORMED*

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DATE(S): \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*BRIEF DESCRIPTION OF WORK PERFORMED*

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## **CERTIFICATION BY EMPLOYER**

You are required to have an officer OR supervisor of your employer certify your itinerary and refund request through a written letter addressed to the St. Bernard Tax Department. It is required that the certifying officer with their **notarized signature**, on company letterhead, includes the following information in a letter:

1. Certify that the employee was employed by the employer during the period that the employee making a claim for the refund. Include the beginning date (and end if applicable) that the employee began working in St. Bernard.
2. Verify that the itinerary from your employee indicating the dates and locations for work outside of St. Bernard is accurate.
3. Certify the percentage of time your employee worked outside of St. Bernard
4. Indicate from your employee payroll records the dollar amount withheld from your employee's check for purposes of City of St. Bernard Income Tax for the tax year the refund is claimed.
5. Certify that no portion of the tax withheld has been or will be refunded to said employee and that no adjustment has been or will be made for taxes withheld for St. Bernard.
6. Acknowledge and certify that the refund claimed by your employees will result in a debit from your withholding payments to St. Bernard and verify the amount of debit from your account.

Additionally, we require that the following information be supplied by your employer in the letter provided:

NAME OF EMPLOYER  
PRINTED NAME OF OFFICER/SUPERVISOR  
TELEPHONE NUMBER\*  
TITLE OF OFFICER/SUPERVISOR

***\*NOTE: AS PART OF THE VERIFICATION PROCESS WE WILL CONTACT THE OFFICER. IF WE ARE UNABLE TO CONTACT THE OFFICER, WE RESERVE THE RIGHT TO REFUSE THE REFUND UNTIL VERIFICATION PROCESS IS COMPLETED.***

**ST. BERNARD TAX DEPARTMENT**

110 Washington Avenue, St. Bernard, Ohio 45217

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***Claim for Refund Attestation***

**Claim must be for only one calendar year and one employer**

THE UNDERSIGNED HEREBY MAKES CLAIM FOR A REFUND FROM THE ST. BERNARD INCOME TAX DEPARTMENT IN THE AMOUNT OF \$\_\_\_\_\_.

WHILE EMPLOYED AT \_\_\_\_\_

Location or Business Address \_\_\_\_\_

FOR THE PERIOD (DATES) \_\_\_\_\_

FOR THE FOLLOWING REASON *(Explain in detail and if applicable, list areas worked outside St. Bernard):*

\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
*Claimant's Name Printed*

\_\_\_\_\_  
*Home Phone or Cell*

\_\_\_\_\_  
*Business Phone Contact*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Claimant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*E-mail address*

**FOR ST. BERNARD INCOME TAX DEPARTMENT USE ONLY**

*To Treasurer and Auditor  
St. Bernard, Ohio*

*Claimant's Account #* \_\_\_\_\_

*I have examined the above claimant's statements and checked them against our records, and herewith approve payment in the amount of \$ \_\_\_\_\_.*

*Date:* \_\_\_\_\_

*Signed* \_\_\_\_\_

*Tax Administrator*

**CITY AND VILLAGE LISTING**

The Village of St. Bernard, Ohio has issued a refund to the person listed below based on an itinerary indicating that the taxpayer worked in your city/village and not in St. Bernard for the period of time indicated.

Name	_____	City of Employment	<u>St. Bernard</u>
Address	_____	Employer	_____
City/State/Zip Code	_____	Year of Refund	_____
City of Residence	_____	Amount of Refund	_____
Social Security #	_____		

Refund reported to the City or Village of:

<u>City</u>	<u>No. of days worked</u>	<u>City</u>	<u>No. of days worked</u>	<u>City</u>	<u>No. of days worked</u>	<u>City</u>	<u>No. of days worked</u>	<u>City</u>
Aberdeen	_____	Fairfield	_____	Mariemont	_____	Sidney	_____	OTHER CITIES:
Addyston	_____	Farmersville	_____	Mason	_____	Silverton	_____	-----
Akron	_____	Felicity	_____	Maumee	_____	South Lebanon	_____	-----
Amberley Village	_____	Forest Park	_____	Miamisburg	_____	South Solon	_____	-----
Archbold	_____	Franklin	_____	Middletown	_____	Springboro	_____	-----
Arlington Hgts.	_____	Gahanna	_____	Milford	_____	Springdale	_____	-----
Athens	_____	Georgetown	_____	Minster	_____	Springfield	_____	-----
Batavia	_____	Germantown	_____	Monroe	_____	Tipp City	_____	-----
Bay Village	_____	Golf Manor	_____	Montgomery	_____	Toledo	_____	-----
Bellevue	_____	Granville	_____	Moraine	_____	Trenton	_____	-----
Blue Ash	_____	Green	_____	Morrow	_____	Trotwood	_____	-----
Brookville	_____	Greenfield	_____	Mt. Healthy	_____	Troy	_____	-----
Cambridge	_____	Greenhills	_____	Mt. Orab	_____	Vandalia	_____	TOWNSHIPS /
Carlisle	_____	Groveport	_____	New Bremen	_____	Waverly	_____	COUNTIES:
Cedarville	_____	Hamilton	_____	New Lebanon	_____	Wellston	_____	-----
Centerville	_____	Harrison	_____	New London	_____	West Alexandria	_____	-----
Chardon	_____	Hillsboro	_____	New Miami	_____	West Carrollton	_____	-----
Cheviot	_____	Huber Heights	_____	Newtown	_____	West Milton	_____	-----
Cincinnati	_____	Indian Hill	_____	North College Hill	_____	West Union	_____	-----
Clayton	_____	Kettering	_____	North Ridgeville	_____	Westerville	_____	-----
Cleveland	_____	Lebanon	_____	Norwood	_____	Williamsburg	_____	-----
Dayton	_____	Leesburg	_____	Oakwood	_____	Wilmington	_____	OTHER STATES OR
Deer Park	_____	Lima	_____	Oxford	_____	Woodlawn	_____	COUNTRIES
Delaware	_____	Lincoln Hgts.	_____	Perrysburg	_____	Wyoming	_____	-----

Eastlake _____	Lockland _____	Phillipsburg _____	Xenia _____	_____
Eaton _____	London _____	Pleasant Hill _____	Yellow Springs _____	_____
Elmwood _____	Loveland _____	Ripley _____	Covington _____	_____
Place _____	Madeira _____	Riverside _____	KY _____	_____
Englewood _____	Maineville _____	Sabina _____	Florence KY _____	_____
Evendale _____	Malta _____	Sardinia _____	Newport KY _____	_____
Fairborn _____	Mansfield _____	Sharonville _____	Kenton _____	_____
Fairfax _____			CNTY _____	_____
			Boone CNTY _____	_____

**NOTE: I agree that all the above listed cities or villages, which have been noted above indicating time worked in that municipality, may be notified and provided a copy of this document indicating the time worked in each city or village. I understand that I may be required to file a tax return and/or pay a tax to the city or village based on the amount of time worked within the municipality limits. I execute my signature as the basis for my agreeing to the release of this information to all noted municipalities.**

**Taxpayer Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_