

City of St. Bernard Application for Tax Refund or Allocation of Time

Your First Name and Middle Initial	Last Name	Your social security number	Tax year of claim
Current home address (number and Street)	Apt#	_____	
City, State and Zip Code		Phone Number	Email address
_____		_____	

Reason for Claim:

- No refunds will be issued without proper documentation indicated by reason for claim.
- 1. Days worked outside of municipality for which the employer withheld tax. Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 2, and a completed Calculation for Days Worked out of St. Bernard. In addition, your employer must complete and sign the Employer Certification.
- 2. Employer withheld at a rate higher than the municipality's tax rate of 2.1%. Attach a copy of your W-2 Form. Your employer must complete and sign the Employer Certification.
- 3. Withheld by mistake for the City of St. Bernard. Attach a copy of this form along with a copy of your W-2. A letter on company letterhead signed by a supervisor stating the withholding was withheld in error and state the actual work location where work was performed.
- 4. Other (indicate reason). Attach W-2 Form and other applicable documentation. Your employer must complete and sign the Employer Certification below.

ALLOCATION OF INCOME WORKSHEET COMPUTATION OF TAXABLE INCOME FOR THE YEAR ENDED _____

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

City of St. Bernard Application for Tax Refund or Allocation of Time

ST. BERNARD TAX DEPARTMENT

110 Washington Avenue, St. Bernard, Ohio 45217

Phone : (513) 242-7710

Fax (513) 242-5402

Email : tax@cityofstbernard.org

Website: www.cityofstbernard.org

CERTIFICATION BY EMPLOYER

You are required to have an officer of your employer certify your itinerary and refund and/or time allocation request. It is required that the certifying officer attest to the allocation of location and/or time in St. Bernard.

1. Certify that the employee was employed by the employer during the period that the employee making a claim for the refund or allocation of time. 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 if a 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.
7. **Refunds will not be processed and will be returned in the event that the below employer's signature is not completed in its entirety including title, date, and phone number. All documents will be returned, and no refund will be processed if the packet, including a St. Bernard tax return, is not complete.**

Please check one:

Employer Representative's Explanation of Reason for Refund and Signature during the referenced tax year above:

- The employer withheld municipal income tax from the above-named employee in excess of the employee's liability as calculated above.
- The employer authorized a work from home or travel status. Allocation must be attested to by the employer.

Representative ' s Signature
Printed Representative' s Name

Print Representative's Title
Representative's Phone Number

Date

GENERAL INSTRUCTIONS FOR COMPLETING A CLAIM FOR REFUND FORM

- Provide clear and complete copies of W-2(s) forms that include federal, state, and local income tax information.
- **Provide a completed, signed, and dated St. Bernard municipal tax form.**
- Total workdays per year are 260: 5 days per week for 52 weeks. This may be adjusted if employment at the St. Bernard company began or ceased within the year.
- Provide complete itinerary of dates and locations worked outside of St. Bernard. When this form is submitted, the tax office in your city of residence and/or your city of employment will be notified. If the ***Itinerary of Days Worked Outside St. Bernard*** form is not applicable to your employment situation, provide a written explanation as to how your taxable income was calculated.
- Any reduction in W-2 income must be verified by appropriate copies of federal forms. Travel expenses associated with days worked outside St. Bernard is not deductible.
- Severance pay is taxable by the City of St. Bernard; however, if your severance pay is based on the number of years that you were employed by your company, you will need to prorate the total amount by the numbers of years that you worked in St. Bernard.
- Be sure to complete ALL information on the ***City of St. Bernard Non-Resident Request for Refund*** form including your signature. The bottom of the form must also be completed and signed by the appropriate supervisor or officer.
- The IRS requires that a 1099-G form be sent to you and the IRS at the end of year for refunds of \$10.00 or greater.
- Incorrect or incomplete requests will cause delays in the processing of your refund. For additional information or assistance in completing your return, please call 513-242-7710 weekdays from 9:00 AM to 5:00 PM.
- Must be filed within 3 years from the original due date for the tax year the refund is for.
- Please allow 90 days for the processing of your refund per Section 182.096(D) of the St. Bernard Code of Ordinances.