

City of St. Bernard Application for Tax Refund

Your First Name and Middle Initial	Last Name
Current home address (number and Street)	Apt#
City, State and Zip Code	

Your social security number

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 below and initial and date each page of the provided Log of Days Out Worksheet.
- 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 Below.
- 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

Refund Calculation Part 1 :

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Log of Days Out

List the Dates of day(s) of work performed outside the City of St. Bernard, the name of the Municipality/locations where you worked and number of days. Weekend days are not considered days out of St. Bernard as they have been accounted for in the refund calculation on page 1. A detail listing of dates subtracted for Vacation, Personal, Sick and Holidays Line 2 must also be submitted below:

Vacation, personal Day, Sick, Holiday

[illegible]

Total to Line 2Page 1

Days Worked Out of St. Bernard

[illegible][illegible]

Total to Line 4 Page 1 _____

Attach additional sheets if necessary.

Taxpayer's Signature: The refund **will not** be issued without the below signature.

Employer's Initials _____
Required for Process of Refund

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that this information may be released to the tax administrator of the resident or workplace municipality and the Internal Revenue Service. Additionally, the signature below acknowledges that no income in the calculation above (i.e., Box 5 Wages) includes severance pay, supplemental pay days, buyouts, etc. for this type of pay is a direct result of your employment with the company.

Taxpayer's signature

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 are 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.