



**CITY OF HUBER HEIGHTS
DIVISION OF TAXATION
P.O. BOX 24309
HUBER HEIGHTS, OHIO 45424
Telephone: (937) 237-2976**

**INCOME TAX REFUND CLAIM FORM
TAX YEAR _____**

Check here if you worked outside of your normal place of work in 2020 due to COVID-19

Account No. _____

Name _____ Social Security No. _____
(Type or print full name, do not use initials)

Present Address _____
(Street)

(City and Zip Code)

Did you move during this tax year? No _____ Yes _____ Date moved to present address _____
Previous address _____

REFUND AMOUNT CLAIMED \$ _____

INCOME AND TAX DISTRIBUTION

Employer Name	Gross Wages	Nontaxable Wages	Taxable Wages	Total Tax (see rate below)	Huber Heights Tax Withheld	Refund

Reason for Refund: _____

List City Where Job Duties were Performed: _____

- 1) List name and address of employer that over-withheld city tax.
- 2) List gross wages from W-2 (largest wage amount on W-2).
- 3) List wages considered to be non-taxable to the City of Huber Heights (either a % of total income, or from worksheet on back of form.)
- 4) Subtract non-taxable wages from gross wages.
- 5) Multiply taxable wages by **tax rate (current = 2.25%; 2012-2014 = 2.00%)**.
- 6) List amount of City of Huber Heights tax withheld as shown on your W-2.
- 7) If City of Huber Heights tax withheld is more than total tax, enter amount of overpayment.

I authorize the City of Huber Heights to furnish a copy of this Refund Request document to the Tax Administrator for my City of residence or employment. I, the undersigned, state that all information, facts, and figures given on this form are true and complete to the best of my knowledge, and that a refund has not previously been claimed or received by me for the period covered by this claim.

Please sign, date, and provide your daytime phone number.

Signed _____ **Date** _____ **Phone Number** _____

INSTRUCTIONS

1. Complete the top portion of form with current information.
2. If you are claiming a refund for a portion of days out of the city, complete the worksheet below and attach a list of cities and dates worked out of the City of Huber Heights.
3. If you are claiming a refund for a percentage of hours worked out of the city, indicate that percentage on the front of the form and have employer sign and certify such information.
4. If you are claiming a refund because you were under 18 years of age, please include verification of your date of birth (attach a copy of your birth certificate). (Age 16 prior to 01/01/2009)
5. Complete the Income and Tax Distribution worksheet.
6. Attach W-2's.
7. All refund claim forms **must** be signed by taxpayer.
8. The Employer Certification **must** be signed below.
9. No refunds will be made for amounts less than ten dollars (\$10.00).
10. Refund requests will not be honored beyond three (3) years from the date the taxes were due.

Please allow ninety (90) days for processing your refund request.
Incomplete claims cannot be approved and will be returned to claimant.

WORKSHEET

Note: The average working year consists of 260 days (Saturdays and Sundays are not considered working days.) Training sessions, seminars, meetings, temporary or casual employment, although they may be outside the city, do not constitute changes in work situs and are not factors in determining time worked out of the city.

1) Total Days Available.....	260
a) Vacation Days Used.....	_____
b) Sick Days Used.....	_____
c) Holidays Used.....	_____
2) Less Total Days Not Worked (a+b+c).....	_____
3) Total Working Days (Line 1 minus Line 2).....	_____
4) Less Days Worked Out of the City of Huber Heights (Attach Log).....	_____
5) Days On Job In the City of Huber Heights (Line 3 minus Line 4).....	_____

CALCULATION

Line 5 _____ divided by Line 3 _____ x Total Income \$ _____ = \$ _____
(Taxable City Income)
 Net Tax Due (Taxable City income x tax rate (see page 1)).....\$ _____
 Less Income Tax Withheld\$ _____
 Refund Claimed (Tax Due Minus Tax Withheld).....\$ _____

EMPLOYER CERTIFICATION (To be completed by employer.)

The employee named on the reverse side of this form has claimed a refund for the reasons listed. As any refund to one of your employees will result in a debit from your withholding tax account, we require verification of this claim.

I/We hereby certify that _____ (employee) was employed by the undersigned during the period covered by this claim, and that the City of Huber Heights income tax in the amount of \$ _____ was withheld in excess of his/her liability based on the above stated facts and calculations. No portion of these taxes has been or will be refunded to the employee and no adjustment to our withholding remittance has been or will be made.

Employer Name _____ **FID #** _____

Signature & Title _____ **Date** _____ **Phone #** _____