

Mason Tax Office

6000 Mason-Montgomery Road
Mason, Ohio 45040
513.229.8535 (Phone)
513.229.8531 (Fax)



2014 REFUND REQUEST

Form R1

Calendar Year 2014 Name _____

Refunds are allowed only when city income tax has actually been paid to or withheld for the City of Mason. Refunds of tax paid by the taxpayer (not withheld by an employer) may be requested by submitting the City of Mason Individual Income Tax Return Form IR. Requests for refunds of tax withheld must be submitted on this form as outlined below. In all cases, information in addition to the items outlined below may be requested by our office. Incomplete refund requests will be returned to the taxpayer and must be refiled with complete information and documentation. **Please allow up to 90 days for processing.**

INSTRUCTIONS

Please note: Taxes erroneously paid shall not be refunded unless a claim for refund is made within three (3) years from the date on which such payment was made or the return was due, or within three (3) months after final determination of the federal tax liability, whichever is later. A separate form must be submitted for each year for which you are requesting a refund.

A. Days worked outside Mason

Non-residents may receive a refund for full days worked outside the City of Mason when the employer is located in Mason. **Please note that no refund is allowed for holidays, sick pay, days worked from home, vacation, severance pay, or supplemental pay days or the equivalent of such days.** This type of pay is the direct result of your employment with that company, and therefore, those days cannot be subtracted from total working days in determining the number of days worked outside the City of Mason. The 260 days available in Section A below already takes into account all weekend days. Therefore, **weekend days are not eligible for refunds. Partial days out of the City of Mason are not eligible for refunds.**

To request a refund due to days worked outside Mason, the following must be submitted:

1. Refund request Form R1 with Sections A, B, C, and D completed. Section D must be signed by the employer(s).
2. W-2s.
3. Supporting documentation for the dates and locations worked outside Mason. Provide a list of **dates** and the **locations** for each **full day** worked outside the City of Mason. Copied calendar pages **will not** be accepted in lieu of the list of dates and locations.

B. Other

To request a refund of Mason tax overwithheld for any reason, the following must be submitted:

1. Refund request Form R1 with Sections C and D completed. Section D must be signed by the employer(s).
2. Individual Income Tax Return Form IR (not required for employer's withholding mistake if employee is not a resident).
3. W-2s.

Section A

DAYS AVAILABLE COMPUTATION

TOTAL DAYS AVAILABLE	_____	260	_____
LESS: FULL DAYS WORKED OUT OF TOWN	_____		_____
= TOTAL DAYS ON JOB IN CITY OF MASON	(A) _____		_____
DAYS IN MASON (A) ÷ 260 =	(B) _____	% OF DAYS ON JOB IN	_____
		CITY OF MASON (round to 2 decimal places)	

Section B

WAGES ON WHICH CITY INCOME TAX IS TO BE PAID

COMPUTATION:	_____	X \$ (B)	_____	= \$	_____
	TOTAL GROSS INCOME		% OF DAYS ON JOB IN		TAXABLE INCOME
	FROM W-2 (generally Box 5)		CITY OF MASON (from Section A)		
NET TAX DUE (TAXABLE INCOME x .0112)	\$	_____			
INCOME TAX WITHHELD FOR MASON FROM W-2	\$	_____			
REFUND DUE	\$	_____			

Section C

BASIS FOR REFUND

Give brief explanation. (Show any computation on this form or an attachment. If refund is due because either your home or work address was thought to have been within the City corporate limits, but was not, please provide all work and home locations during the year in question.)

I authorize the City of Mason, upon request, to furnish the Tax Administrator for my city of residence or employment a copy of this refund document.

The undersigned declares that all information given is true and complete to the best of his/her knowledge and belief, and that a refund has not previously been claimed or received by him/her for the period covered by this claim.

SIGNED: _____ DATE: _____
 (Claimant's Signature)

NAME: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SOCIAL SECURITY NUMBER: _____

Section D

**EMPLOYER'S CERTIFICATION
 (To be Completed by Employer)**

The above named employee has claimed a refund of Mason withholding tax for the reason(s) listed above in Section C. Your completion of Section D and your signature below verifies the following:

1. The employee's claim for a refund of Mason tax is based upon your knowledge of the employee's records and/or your knowledge of the employee's work location(s).
2. The information used by the employee to calculate the refund is correct based upon actual withholding records or upon facts determined to be reasonably accurate by you.
3. Your acknowledgement that no portion of said tax has been or will be refunded directly to the employee by your company's payroll, and no adjustment to your withholding account with the City of Mason has been or will be made for said tax.

Comments:

EMPLOYER: _____ FED. ID. NO. _____

SIGNED: _____ TITLE: _____ DATE: _____
 (Employer's Signature or Authorized Representative)

PHONE: _____

If you have any questions regarding the completion of this form, you may contact our office at 513.229.8535.