

Mason Tax Office  
6000 Mason-Montgomery Road  
Mason, Ohio 45040  
513-229-8535 (phone)  
513-229-8531 (fax)

Account # \_\_\_\_\_

Form R1



# 2016 NON-RESIDENT REFUND RETURN

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Prior Address (if changed during tax year): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

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 as outlined below. In all cases, information may be requested by our office. Incomplete refund requests will be returned to the taxpayer and must be refiled with complete information and documentation. Failure to remit all documentation, including schedules, other municipal income tax returns, or other supporting documentation necessary to verify pertinent factors on the return will cause delay in processing, and/or disallowance of the refund. Refunds under \$10 will not be issued. **Please allow up to 90 days for processing.**

## INSTRUCTIONS

**Please note:** Your refund request must be made within 3 years from the date on which such payment was made or the return was due. A separate return must be submitted for each year 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 days, days worked from home, vacations, severance pay, or supplemental pay days or the equivalent of such days.** This type of pay is the direct result of your employment with the company and 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 weekend days. **Weekend days are not eligible for a refund. Partial days are only eligible for a refund if the preponderance of the day is worked outside of Mason (all travel time is allocated to Mason). If the days worked are in another Ohio municipality, a return must be filed and taxes paid to that municipality (please attach tax return(s)).**

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

1. Refund return form R1 with sections A, B, C, and D completed - Section D must be signed by the employer(s)
2. W-2(s)
3. Itinerary of days worked outside of Mason (each page must be initialed by employer)
4. Copy of return filed with another Ohio municipality (if applicable)

### B. Other

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

1. Refund return for R1 with sections C and D completed - Section D must be signed by the employer(s)
2. W-2(s)

## Section A

### DAYS AVAILABLE COMPUTATION

Total Days Available	_____	260
Less: Full Weekdays Worked Out of Town	_____	
= Total Days on Job in City of Mason	(A) _____	
Days in Mason (A) ÷ 260 =	(B) _____	% of Days on Job in Mason (round to 2 decimal places)

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**Section B****WAGES ON WHICH CITY INCOME TAX IS TO BE PAID**

Computation: \$ \_\_\_\_\_ X (B) \_\_\_\_\_ % = \$ \_\_\_\_\_  
Total Gross Wages                      % of Days on job in Mason                      Taxable Income  
From W-2 (generally box 5)                      from Section A

Net Tax Due (Taxable Income X 0.0112)                      \$ \_\_\_\_\_  
Income Tax Withheld for Mason from W-2                      \$ \_\_\_\_\_  
Refund Due (No refund for \$10 or less)                      \$ \_\_\_\_\_

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**Section C****BASIS for REFUND (Give brief explanation and include job title/description)**

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I authorize the City of Mason to communicate with me via the e-mail address provided on the front of the tax form and to furnish the Tax administrator for my city of residence or employment a copy of the refund return.

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: \_\_\_\_\_

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**Section D****EMPLOYER'S CERTIFICATION (To be completed by employer)**

The above 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 knowledge that no portion of said tax has been or will be refunded directly to the employee by your company's payroll, and no adjustments to your withholding account with the City of Mason has been or will be made for said tax.

Comments:

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Employer: \_\_\_\_\_ FEIN: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

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## ITINERARY OF DAYS WORKED OUTSIDE OF MASON

List individual dates and locations in chronological order  
 (Copy if additional sheets are needed)

Date(s)	Location	Ohio Municipal Return attached	Number of Days
		<b>Total Days</b>	

Initials of Supervisor: \_\_\_\_\_