



CITY OF MASON

“Commitment to Excellence in Public Service”

City of Mason Tax Department
 6000 Mason-Montgomery Road, Mason, Ohio 45040
 Telephone: (513) 229-8535 Fax: (513) 229-8531

REFUND REQUESTS

CALENDAR YEAR 20 _____

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 Tax Return Form IR. Requests for refunds of tax withheld must be submitted 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

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, vacation 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.

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. Income Tax Return Form IR (not required for employer's withholding mistake if employee 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

SECTION B

WAGES ON WHICH CITY INCOME TAX IS TO BE PAID

COMPUTATION: $\frac{\text{TOTAL GROSS INCOME FROM W-2}}{\text{TOTAL GROSS INCOME FROM W-2}} \times \$ \text{(B)} \frac{\text{\% OF DAYS ON JOB IN CITY OF MASON}}{\text{\% OF DAYS ON JOB IN CITY OF MASON}} = \$ \text{TAXABLE INCOME}$

NET TAX DUE (TAXABLE INCOME X .01)	\$ _____
INCOME TAX WITHHELD FROM W-2	\$ _____
REFUND DUE	\$ _____

SECTION C

BASIS FOR REFUND

Basis for refund. Give brief explanation (show any computation on this form or an attachment).

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: _____
(Claimant's Signature)

DATE: _____

NAME: _____

PHONE NUMBER: _____

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.