



# REFUND REQUEST FORM

CITY of CANFIELD  
 104 LISBON ST.  
 CANFIELD, OH 44406  
 PHONE: (330) 533-1101  
 FAX: (330) 533-2668  
[achristopher@canfield.gov](mailto:achristopher@canfield.gov)  
[www.canfield.gov](http://www.canfield.gov)

First name	Last name
Current home address (number and street)	
Apt #	
City, state, and ZIP code	

Your social security number	Tax year of claim
Phone number	Email Address

1. Were you ever a resident of the Municipality of Canfield? \_\_\_\_\_ If yes, give dates: \_\_\_\_\_

Prior Canfield Address \_\_\_\_\_

2. For tax year of \_\_\_\_\_ (one per form) 6. In the amount of \$ \_\_\_\_\_

3. While employed by \_\_\_\_\_

4. Complete address of work location \_\_\_\_\_

5. For the period of (dates) \_\_\_\_\_

6. Resident address for this period \_\_\_\_\_

7. Reason for request:
- a. My employer withheld Canfield residence tax even though I am no longer/never have been a resident of the City of Canfield.
  - b. **Due to COVID-19**, I worked fully or part-time from my residence outside of the City of Canfield, but my employer withheld employment tax on my full wages. **(Must complete Page 2 of form. Attach calendar and/or any supporting documentation.)**
  - c. Requesting a partial refund of employment tax withheld on wages earned while working outside of the City of Canfield. **(Must complete Page 2 of form. Attach calendar and/or any supporting documentation.)**
  - d. I was under 18 for all or part of the tax year, but my employer withheld tax on my wages.
  - e. Other (explain fully) \_\_\_\_\_

8. I have attached a copy of my W2.

**I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM (INCLUDING ANY ACCOMPANYING STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE AND CORRECT. I AUTHORIZE THE DISCLOSURE OF THE INFORMATION HEREIN TO ANY LAWFUL TAXING AUTHORITY AFFECTED BY THE REFUND.**

\_\_\_\_\_  
 Signature of Taxpayer Claiming Refund

\_\_\_\_\_  
 Date

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

I/We declare under the penalties of perjury that I/we have reviewed the above information, as well as Page 2 of this form (if applicable), and believe this form to be true and correct. I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the City of Canfield have been or will be made for said tax. Furthermore, I/we hereby certify that the above said employee was not, during the period claimed above, working inside corporate limits of the City of Canfield, Ohio.

\_\_\_\_\_  
 (Employer Signature)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Date)

Employer's Federal ID: \_\_\_\_\_

# Reason for Refund Request Due to Days Worked from Home/Outside City of Canfield

**\*\*YOU MUST FILE A SEPARATE REFUND REQUEST FORM & COMPLETE A SEPARATE TABLE FOR EACH TAX YEAR IN WHICH YOU ARE REQUESTING A REFUND\*\***

## Part A: Table

2020	(1) # Days Worked in Another Locality (do not include days off for sick, vacation, holidays, etc.)	(2) Number of Working Days in Month	(3) % of Time Worked Outside of City of Canfield ((Column 1/Column 2) x 100)
January		22	
February		20	
March		23	
April		20	
May		23	
June		22	
July		21	
August		23	
September		21	
October		22	
November		22	
December		21	
<b>Total</b>		<b>260</b>	<b>% A</b>

**2020 REFUND REQUESTS-** Due to Section 29 of House Bill 197, a refund of the tax withheld for your pre-COVID-19 work municipality, while you worked from home or another location, may not be available for the period beginning March 9, 2020 through December 31, 2020. There is pending litigation over this issue and therefore the City of Canfield will hold your request for refund in a suspended status until this litigation is concluded. Should the conclusion of this litigation determine that a refund is allowed, your request for refund will be processed at that time. Should the conclusion of the litigation determine that a refund is not allowed, you will receive a notice that a refund is not available to you.

2021	(1) # Days Worked in Another Locality (do not include days off for sick, vacation, holidays, etc.)	(2) Number of Working Days in Month	(3) % of Time Worked Outside of City of Canfield ((Column 1/Column 2) x 100)
January		21	
February		20	
March		23	
April		21	
May		22	
June		22	
July		21	
August		23	
September		22	
October		21	
November		22	
December		22	
<b>Total</b>		<b>260</b>	<b>% A</b>

**2021 & forward REFUND REQUESTS-** Refunds will be issued as long as form is complete (both Pages 1 & 2), W2 is attached, and Employer's Certification is completed.

## Part B: Calculation (Based on Above Table)

	100%
Less: % Time Worked Outside of City of Canfield	( ) A
Equals: % of Gross Local Wages Taxable to City of Canfield	B
Gross Local Wages (Box 18 on W2)	
Multiplied by: % of Gross Local Wages Taxable to City of Canfield	x B
Equals: City of Canfield Tax Liability	C
City of Canfield Tax Liability	
Less: Tax Withheld for City of Canfield (Box 19 on W2)	( ) C
Equals: Refund Owed to Non-Resident Employee	( )