



REFUND REQUEST FORM

CITY of CANFIELD
104 LISBON ST.
CANFIELD, OH 44406
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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

2023	(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	
Total		260	% A

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.

2022	(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	
Total		260	% A

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			C
Less: Tax Withheld for City of Canfield (Box 19 on W2)	()
Equals: Refund Owed to Non-Resident Employee	()