### City of Canton **Income Tax Department** PO Box 9940

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Canton, Ohio 44711

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Phone Fax (330) 430-7944

#### **COVID-19 Nonresident Refund** 2020 Request

Use this form to report days worked outside of Canton, at a location to which you were required to report for employment duties because of the Coronavirus pandemic and the governor's declaration of a state of emergency under Executive Order 2020-01D. Attach a copy of the federal Form W-2, and a Log of Days Out. The availability of a refund is dependent on the outcome of pending litigation. Your refund request will be held until this litigation is resolved.

THIS FORM SHOULD BE USED FOR COVID-19 REFUNDS ONLY. If the conclusion of the litigation determines that a refund is allowed, your claim will be processed at that time. Should the conclusion find that a refund is not allowed, you will receive a notice that the refund is not available to you.

SSN:	<del>_</del>	Phone: ()			
Name:		Email:			
Address:		Employer:			
		Fed. EIN:			
Refund Due					
Column A	Enter total comp from which tax was withheld	Column D Enter the Canton tax withheld			

(Use Medicare Wage figure from W-2)

Column D

Enter the Canton tax withheld (Use Box 19 from W-2)

Column B Enter taxable income from Worksheet, page 2 Column C Multiply Column B by 2.5% tax rate

Subtract Column D from Column C Column E

City	А	В	RATE	С	D	E
	SALARIES,	TAXABLE			TAX	
	WAGES, ETC.	INCOME	2.50%	TOTAL TAX	WITHHELD	REFUND
CANTON						

I declare under penalty of perjury, that all information reported on this Covid-19 refund claim is true, correct, and complete to the best of my knowledge and belief, and a nonresident refund has not previously been claimed or received by me for the time and non-Canton earnings covered here-in. I understand that information regarding this refund claim may be shared with other taxing jurisdictions. Please sign, date, and provide a daytime phone number.

Signature

Date

Phone No.

## **Employer Certification**

Under penalty of perjury, the undersigned employer representative certifies that the above named employee was employed during the period as referenced above; that the employee was either not working inside the city limits of Canton, or the tax was improperly withheld; and, that the employer has examined this claim for refund in its entirety including any accompanying schedules, worksheets, and statements; and, that the employer representative can attest that the information reported on this claim is true and accurate.

**Representative Signature** 

Title

Date

Phone No.

# **In-city Calculation Worksheet**

	Example	Your Calculations
<b>1. TOTAL DAYS AVAILABLE</b> <i>* i.e., 366 minus weekends not worked</i>	262*	1
a. VACATION b. SICK LEAVE c. HOLIDAYS	10 6 10	a. b. C.
<b>2. LESS:</b> TOTAL AVAILABLE DAYS NOT WORKED <i>* i.e., (a. + b. + c.)</i>	26*	2
3. SUBTRACT LINE 2 FROM LINE 1	236	3
<b>4. LESS: DAYS WORKED OUT OF CITY (due to Covid-19 only)</b> * attach Log of Days Out	<b>59*</b>	4
5. DAYS PHYSICALLY WORKED IN CANTON	177	5

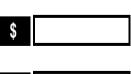
## **Refund Computation**

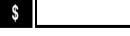
(Divide)	<u>5. DAYS ON THE JOB IN CANTON</u> 3. TOTAL AVAILABLE WORKDAYS	X TOTAL INCOME (Enter on Page 1, Column A)	<b>E TAXABLE INCOME</b> (Enter on Page 1, Column B)
COMPUTA	.TION: (Line 5. / Line 3.)	X \$	= \$
TAX RATE	FOR CITY OF CANTON	X 2.5%	

TOTAL TAX DUE (Enter on Page 1, Column C)

LESS TAX WITHHELD (Enter on Page 1, Column D)

REFUND DUE (Enter on Page 1, Column E)







#### LOG OF DAYS WORKED OUTSIDE OF CANTON

STREET, CITY AND STATE	EXACT DATE(S)	BUSINESS PURPOSE	NUMBER OF DAYS
<u> </u>			
<u> </u>			

\*Attach additional log sheets if needed