1	Check here if you worked outside of
	your normal workplace in response to
	COVID-19. See checkbox no. 2 below.

Application for Municipal Income Tax Refund

This form can cover one calendar year and one employer only. No refunds will be issued without proper documentation.

Social Se	ecurity Number	Та	Tax Year of Claim					
First Na	me and Middle Initial							
Current	Address (number and street)		Apt #					
City and	State		Zip Code					
Refund in the amount of \$ Resident Address for these Dates:								
	Employer Name:	_ Employment Dates fro	m://_	to://				
Reas	on for Claim							
🔲 1.	 Age Exemption: Date of Birth/ Attach a copy of your W-2 form and provide proof of birthdate (birth certificate, driver license, etc.). If you were underage for only part of the year, you must either: (1) have your employer sign the Employer Certification below or (2) attach a copy of your pay stub for the pay period in which you turned 18. 							
2.	Days Worked from Home: If your employer withheld Pickerington income tax for days that you were working from home outside of Pickerington, attach a copy of your W-2 Form and provide a log of days worked outside of the city. Your employer must complete the Employer Certification section below. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.							
3.	Military Spouse Residency Relief Act: Attach copies of W-2 Form, Form DD 2058, valid military spouse ID card, and service member's most recent LES.							
4 .	Lived and worked outside Pickerington City limits: If you did not live or work in Pickerington at any time during the year referenced above attach a copy of your W-2 Form. Your employer must complete the Employer Certification below.							
5.	. Other (Indicate Reason): Attach W-2 Form and other applicable documentation. Your employer must complete the Employer Certification below. Reason (Explain fully or attach work schedule/locations):							
	g below, I confirm that I have not previously received any of th x administration of the city of residence, the State Tax Depart			hat this information may be released				
SIGNA	TURE:	DATE:						
The under the emplo any accon the munic	oyer Certification rsigned representative states that during the year referenced above th wee's liability; that the employee was employed during the time reference apanying schedules and statements; and that the employer representationality withheld is true and accurate. In addition, the undersigned employee by the employer, and that no adjustments to the employee by the employer, and that no adjustments to the employee by the employer.	nced above; that the employer tive can attest that the informat ployer representative verifies th	has examined thi tion reported on at no portion of	s claim for refund in its entirety including this claim with respect to time worked in the over-withheld tax has been or will be				

Name of Employer	Signature of Representative		Date	Phone Number		
Print Representative's Name and Title		Explanation of Reason for Refund (e.g. 'taxpayer works from home 4 days')				
NOTICE:	No refund will be issued for a	amounts less than \$10.0)1.			
	This refund may result in an amendment to Federal, State, or other city tax returns. Refunds over \$10.00 are reported to the IRS.					
	Please allow up to 90 days fo					

Log of Days Worked Outside of Pickerington Attach additional sheets if necessary. Your own worksheet would be acceptable as well.

Days Work Location Date Reason