



CITY OF PICKERINGTON

Income Tax Division
100 Lockville Road
Pickerington, Ohio 43147



Check here if you worked outside of your normal workplace for any time in 2021 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 Security Number		Tax Year of Claim	
First Name and Middle Initial		Last Name	
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 from: ____/____/____ to: ____/____/____

Reason for Claim

- ☐ 1. Age Exemption: Date of Birth ____/____/____ Attach a copy of your W-2 form and provide proof of birthdate (birth certificate, driver's 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): _____

By signing below, I confirm that I have not previously received any of the refund claimed above. I also understand that this information may be released to the tax administration of the city of residence, the State Tax Department and/or the Internal Revenue Service.

SIGNATURE: _____ DATE: _____

Employer Certification

The undersigned representative states that during the year referenced above the employer withheld municipal income tax from the above named employee in excess of the employee's liability; that the employee was employed during the time referenced above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim with respect to time worked in the municipality withheld is true and accurate. In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

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 amounts less than \$10.01.

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 for processing of your refund request.

Log of Days Worked Outside of Pickerington

Attach additional sheets if necessary. Your own worksheet would be acceptable as well.

[illegible]