City of Mansfield, Ohio Income Tax Non-Resident Employee Refund Application Tax Year - 2021

Name of Applicant:	ne of Applicant: Social Security Number:					
Current mailing addre	ss:					
A - Days worke	ed out calculatio	n				
1 Total workdays availa	ble. If you normally work a 5	day workweek and	d you worked fo	r your employer for		
the entire year, enter	260 (52 weeks times 5 days).	Otherwise enter t	the number of d	lays you normally		
worked in a week time	es the number of weeks work	ed (cannot exceed	260).		1	
2 Days not worked. Ent	er total number of days inclu	ded on line 1 that	you did not wor	k due to holidays		
personal days, sick da	ys, and vacation days.				2	
	orked. Subtract line 2 form lir	ne 1			3	
4 Days worked outside	of Mansfield. A log of days or	ut, destination and	reason for trav	el must be included		
	ner city that has an income ta					
•	r side of this sheet for log.	, 3	•	•	4	
-	field for which tax was withhe	eld. Subtract line 4	from 3		5	
· · · · · · · · · · · · · · · · · · ·	earned in Mansfield. Divide li				6	
	es. Enter the larger of Box 5	•	-2		7	
·	nsfield for which city tax was				8	
	Mansfield for which tax was		•		9	
	olding claimed. Multiply line		Time o mont time		10	
10 Amount of over with	iolanig claimea. Waitiply inte	3 by 2/6 (.02)			10	
% from line 6 X	\$ (W-2 wages) line 7	\$ taxable incon	ne line 8	X 2% equals		\$ City tax amount due
\$	\$	\$				
	City tax amount due	Refund amou	unt		ATTA	CH W-2
	I certify that the facts and all this information may be rele	_	ministrator of th		he IRS.	dules
Employer Cert	ification					
	representative states that th			-	_	
• •	efund. The employee was no	_	•		-	
above. No portion of tax w	vithheld has been or will be re	efunded to employ	ee, and no adju	stment has been or v	will be ma	ade in
remitting taxes withheld of	the City.					
Name of Employer		FEIN	 I	Date		Phone number
Name of authorized Personnel		Signature and Title of Authorized Personnel				

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Name of Applicant: _		Social	Security Number:			
Current mailing addr	ess:					
B - Employees	that sp	end a percentag	e of worktime in cit	y on a daily basis		
A) Percent of ti	me spent w	orking within City	%_ as prearra	anged with the City or certified by employer		
	<u></u>	\$	\$	\$		
% from line A	Х	W-2 wages =	taxable income	X 2% = City tax amount due		
\$		\$	\$			
W-2 tax withheld	less	City tax amount due	Refund amount	ATTACH W-2		
Employee Signature:		Date:	Contact phone	number:		
employee make claim for	er representat refund. The withheld has	ive states that the above emp	loyee was employed by the undersig ide the corporate limits of the City d nployee, and no adjustment has bee	uring the period claimed		
Name of Employer		FEIN	Date	Phone number		
Name of authorized Personnel			Signature and Title of Authori	Signature and Title of Authorized Personnel		
Method used by						

C - Instructions and log worksheet for line 4 part A

- 1 All claims must be signed and all applicable sections completed.
- 2 An employee who is claiming a refund of tax withheld must attach W-2 wage statement showing Mansfield tax withheld.
- 3 Training sessions, seminars, local meetings, although they may be outside the City, do not constitute changes in work sites ande are not factored into determining time worked out of the City. **HOWEVER** if your principal place of work has changed by your employer and you are working from home and you are a non-resident complete part A.
- 4 Employer's certification must be completed by authorized officer or agent.
- 5 No refund of less than ten dollars (\$10.00) will be issued and must be requested within three years from the due date of the tax year.

NOTE: INCOMPLETE CLAIMS WILL NOT BE APPROVED AND WILL BE RETURNED TO CLAIMANT FOR CORRECTION

Be advised that we may notify your resident city and those cities shown on your itenerary who also have an income tax. Since you are receiving a refund of taxes withheld for your base city of employement, the work city or city of residence may elect to pursue recovery of those dollars refunded.

	LOG OF DAYS OUT							
Ī	Work Location	Reason	Number of days					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								