

City of Wauseon
Income Tax Department
230 CLINTON STREET • WAUSEON, OHIO 43567
PHONE 419-335-1171 • FAX 419-335-0063

Important changes for Municipal Income Tax Refunds related to COVID-19.

*You must check the box at the top of the Claim for Refund form if your request is related to changes in work location due to COVID-19.

A refund of the tax withheld while you worked from home or another location other than your regular place of work during 2020 may not be available until litigation over this issue is completed.

See *Buckeye Institute, et al., v. Columbus City Auditor, et al*, Franklin County Common Pleas Court Case No. 20-CV-004301

The City of Wauseon Income Tax Department will hold your request for refund in a suspended status until this litigation is concluded. If it is determined that a refund is allowed, your request for refund will be processed within 90 days of the ruling. If litigation deems refunds not allowable, you will receive a written notice that that your request is not eligible for a refund.

CITY OF WAUSEON
TAXPAYER IDENTIFICATION NUMBER
W-2(s) MUST BE ATTACHED

Applicant's Statement

☐ CHECK IF COVID RELATED

During the period _____, 20____, through _____, 20____, I was employed by _____, working as a _____. My employer compensated me in the amount of \$_____ and withheld from such compensation Wauseon City income taxes in the amount of \$_____. During this time my legal residence was outside the City of Wauseon as follows:

Street Address	Circle one: City, Village, or Township	State	Zip Code
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During the above period, I performed work on behalf of my employer in areas outside the City of Wauseon as follows: (use the back of this page or attach additional pages as needed).

City and State	Exact Date(s)	City and State	Exact Date(s)

Weekends out of town are NOT to be included as days spent outside Wauseon. Vacations, holidays, and sick days are NOT to be counted as days spent outside Wauseon.

Total number of days spent out of town from above _____ = _____ % of time spent out of town
Total number of work days in the year (52 x 5) 260

Signature of Applicant	Social Security No.	Applicant's Phone No.	Date
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Present Mailing Address	City, State	Zip
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Note: If you live in a municipality with an income tax, the tax office there will be notified of your refund.

I hereby assign and transfer my rights, title and interest in this refund to my city of residence and authorize my city of residence to accept this refund on my behalf.

Signature of Applicant
DO NOT SIGN THIS BOX IF YOU WANT THE REFUND PAID TO YOU!!

Employer's Statement

To: City of Wauseon Commissioner of Taxation
230 Clinton St
Wauseon, OH 43567

Under penalties of perjury, the undersigned employer states that the above employee was employed by him during the period _____, 20____, through _____, 20____, that \$_____ was withheld as Wauseon Income Tax from earnings paid said employee during that period; that he has examined this claim for a refund of \$_____, including any accompanying schedules and statements and that, to the best of his knowledge and belief, this refund claim is true and correct; that the earnings claimed above were earned outside the corporate limits of the City of Wauseon, and that no portion of said tax has been or will be refunded to said employee by this employer. ALL OF THE INFORMATION IN THIS SECTION IS REQUIRED FOR PROCESSING.

Date	Print/Type Employee Name	Name of Employer
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Certifier:

Signature of authorized agent	Title	Print/Type Certifier's Name	Certifier's Phone Number
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