

6701 Greenwich Rd.
P. O. Box 750
Westfield Center, OH
44251
330-887-5151
www.westfieldcenter.org

COVID-19 Notice: nt Changes to the Tax Year 2020 (

Important Changes to the Tax Year 2020 for Municipal Income TaxRefund Related to COVID-19

You must check the box at the top of the Income Tax Refund Form if any portion of your application for refund is related to your working from home, or another location away from your regular place of work, because of COVID-19 in 2020.

A refund of the tax withheld for your pre COVID-19 work municipality, while you worked from home or another location, will 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 and its appeals.

We will hold your request for a refund in a suspended status until this litigation is concluded. Should the conclusion of this litigation determine that a refund is allowed, your request for refund will be processed at that time. Should the conclusion of the litigation determine that a refund is not allowed, you will receive a notice that a refund is not available.

If copies of the W2's are not included with your refund request, the request will be returned unprocessed.

APPLICATION FOR REFUND

Tax Year:	I LIGATION I ON NEI OND	Mail To:	Hiold Co	ontor				
Yours Social Security Number	Spouse's Social Security Number	Village of Westfield Center INCOME TAX DEPT.						
First Name & M. I.	Last Name	P. O. Box 750 Westfield Cent	P. O. Box 750 Westfield Center OH 44251					
If joint return, spouse's first name &	www.westfieldcenter.org							
Address								
City, State & Zip Code	QUESTIONS? 330-887-5151							
No refund will be issued indicated by reason for o	without proper documentation claim.	working ou	ıtside	your n	equest is due to you ormal place of work 9. See # 2 below.			
A. Reason for Claim								
	Date of Birth/_/ Attach w-2 and a copy e. If you were under 18 for part of the year your er prior to turning 18.							
$2.~\square$ Days worked outside o	f Westfield Center for which tax was wit	t hheld. Attach a co	opy of <u>a</u>	<u>ll</u> your W	/-2's, completed Calculatio			
employer must complete a	Vestfield Center (#D on page 2) and a comp and sign the Employer Certification on Page ependent upon the outcome of litigation. Re	2. If this request is	for 202	20 and d	ue to COVID-19, the			
	ess Expenses - limited to 2% AGI. Attach ection of this page (B. Claim). Employer do							
and box 18 are required)(If b	ur W-2 (Copies of W2's showing amount ox 18 differs from Box 5 include an expl	ation).	1 2					
2. Less income Not Taxable: Line 10 Table D on page 2, 2106 expens Under 18 Wages, Other etc.				'	,			
3. Adjusted Taxable Income. Subtract line 2 from line 1								
4. Westfield Center Inc	ome Tax 1.0% (.01) of line 3		4					
5. Westfield Center Tax Withheld. Enter amount in box 19 of your W-2								
6. Estimated Tax Payments or Overpayments from Prior Years.								
7. Total Credits. Add lines 5 and 6								
8. Amount of Refund Requested. Subtract line 4 from line 7								
correct and complete. I under residence or other municipaliti	eclare that I have examined this claim, a stand that this information may be relea ies in which work was performed or the or year(s), this refund will be applied to t	sed to the tax ac Internal Revenu	lministi e Serv	rator of ice. I fu	the municipality of			
Taxpayer's Signature	Date		To avoid delays or denial of your refund: Complete required fields as indicated by "Reason for Claim"					
Spouse's Signature	Date		Attach all required documents indicated under your "Reason for Claim". (W2's, etc)					
Phone # All incom				olete applications will be returned.				
Preparer's signature & Phone	Number Date							
Do you authorize	your prepare to contact us rega	rding this retu	ırn? `	Yes □	No □			

D. Calculation of Days Worked	d Outside of Westfie	ld Center				
1. Total workdays available. If yo entire year, enter 260 (52 weeks times times the number of weeks worked (cal	ou normally work a 5 day w 5 days). Otherwise, enter t	ork week and you we			1	
2. Days not worked. Enter # days i		did not work due to h	olidavs, personal davs.	sick	•	
days, and vacation days.						
3. Total days actually worked. Subtract line 2 from line 1						
4. Days worked out of town. A log below). If you worked more than 20 da	g of days out, destination, a ys in another municipality (4	
copy of the tax return filed with that municipality. 5. Days worked in the municipality for which tax was withheld. Subtract line 4 from line 3						
					5 6	
6. Total days taxable to the Village of Westfield Center. Add line 2 & line 5 7. Percentage of wages earned in the municipality. Divide line 6 by line 1						
8. Total municipal taxable wages. Box 18 from your W-2 (if Box 18 differs from Box 5 attach documentation)						
9. Wages taxable to municipality for which tax was withheld. Multiply line 7 by line 8						
10. Wages not taxable to the municipality for which the tax was withheld. Subtract line 9 from line8						
11. Amount of over withholding	claimed. Multiply line 10 l	oy 1% (.01)			11	
E. Log of Days Out List the names of the municipalities/locat worked at your travel destination. Your of	own worksheet is acceptabl			1		
Work Location	Reason	Dates	(Exact Dates)	# Day	S	
1						
2						
3						
4						
5						
7						
8						
9						
10						
Total number of days worked outside	of Westfield Center:					
Employer Certification The undersigned employer states that de employee in excess of the employee's lia period referenced above; that the employer of and statements; and that the employer of undersigned employer verifies that no possible employer, and that no adjustments to the	ability as calculated above; yer has examined this clair an attest that the information ortion of the over withheld t	that the above refer on for refund in its ent on reported on this c ax has been or will b	enced employee was e irety including any acc laim is true and accura e refunded directly to t	employed o ompanyino te. In addi he employ	during the g schedules tion, the ree by the	
Representative's Signature		Title		Date		
Print Representative's Name Phone Number						
F. Taxpayer's Signature (Origing Under penalties of perjury, I declare that complete. I understand that this informat Revenue Service. I further understand the issuance.	I have examined this claim ion may be released to the	, and to the best of n tax administrator of	the municipality of resid	dence or th	ne Internal	
Taxpayer's Signature			Date			
Spouse's Signature			Date			
Preparer's signature		Phone Number		Date		
Do you outhorize your n			turm? Voc. □			