



THE CITY OF CANAL FULTON

Important Changes to the Tax Year 2020 Form NRR Application for Municipal Income Tax Refund Related to COVID-19

You must check the box at the top of Form NRR 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.

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

City of Canal Fulton will hold your request for 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 to you.



THE CITY OF CANAL FULTON

NON- RESIDENT EMPLOYEE REFUND APPLICATION

For Days Worked Out of Canal Fulton
Or Taxes Over Withheld by Employer

- o Due to COVID-19, days worked outside of Canal Fulton for which the employer withheld tax. Attach a copy of your W-2 Form, and the completed Log of Days Out Worksheet. Your employer must complete and sign the EMPLOYER'S VERIFICATION below. The availability of a refund is dependent upon the outcome of pending litigation. Requests will be held until this litigation is resolved.

- o During year _____, my employment with _____

Located in the City of Canal Fulton, required me to perform services both inside and outside the corporate boundaries of the City of Canal Fulton as follows:

TOTAL DAYS PAID 52 weeks @ 5 days per week or 260 working days:

(or dates of employment – beginning _____ thru _____)

Working days outside of CANAL FULTON _____ To be Refunded _____

(COMPLETE THE ITINERARY OF BACK IN DETAIL. Make extra copies of itinerary if more lines are needed. Do not include vacation, sick, holiday, weekends or other paid non-working days.)

Working days in Canal Fulton _____ Taxable _____

- o During the year _____, my employer _____ over withheld my CANAL FULTON city income tax as follows: _____

City of Canal Fulton Tax Withheld from W__2 _____ Attach copy of W__2 _____

- o During the year _____, I worked outside the city limits of Canal Fulton for _____ in which income tax was withheld. I would like my income to be reduced to 3% of my total wages and a refund of the over paid tax.

Under penalties of perjury I hereby certify that the information provided herein is true, correct and complete to the best of knowledge and belief.

Employee's Signature

Date

Print Employee's Name

Social Security Number

Employee's Home Address

Daytime Phone Number

Employee's Place of Residence

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We will calculate and issue a refund based on the information provided.

Payment will be made within 90 days of receipt of the completed refund request or completed employer annual withholding return, whichever is later.

You must attach copies of W-2's showing Canal Fulton wages and Canal Fulton income tax withheld.
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EMPLOYER'S VERIFICATION

Under penalties of perjury I the undersigned state that I have examined this claim for refund, and to the best of my knowledge and belief, this refund claim is true and correct.

- o The days outside of CANAL FULTON, shown on the accompanying itinerary, reflect actual working days and do not include vacation, sick, holiday, weekends or other paid non-working days.
- o Taxes were over withheld and paid to CANAL FULTON – No W-2C has been or will be issued for this employee.

Employer's/ Manager's Signature

Date

Print Employer's / Manager's Name

Title

Employers / Manager's Phone Number and Extension

