

2020 COVID-19 Nonresident Refund Request

Use this form to report days worked outside of Canton, at a location to which you were required to report for employment duties because of the Coronavirus pandemic and the governor's declaration of a state of emergency under Executive Order 2020-01D. Attach a copy of the federal Form W-2, and a Log of Days Out. The availability of a refund is dependent on the outcome of pending litigation. Your refund request will be held until this litigation is resolved.

THIS FORM SHOULD BE USED FOR COVID-19 REFUNDS ONLY. If the conclusion of the litigation determines that a refund is allowed, your claim will be processed at that time. Should the conclusion find that a refund is not allowed, you will receive a notice that the refund is not available to you.

SSN: _____	Phone: (____) _____
Name: _____	Email: _____
Address: _____	Employer: _____
_____	Fed. EIN: _____

Refund Due

Column A Enter total comp from which tax was withheld
(Use Medicare Wage figure from W-2)

Column D Enter the Canton tax withheld
(Use Box 19 from W-2)

Column B Enter taxable income from Worksheet, page 2
Column C Multiply Column B by 2.5% tax rate

Column E Subtract Column D from Column C

City	A	B	RATE	C	D	E
	SALARIES, WAGES, ETC.	TAXABLE INCOME	2.50%	TOTAL TAX	TAX WITHHELD	REFUND
CANTON						

I declare under penalty of perjury, that all information reported on this Covid-19 refund claim is true, correct, and complete to the best of my knowledge and belief, and a nonresident refund has not previously been claimed or received by me for the time and non-Canton earnings covered here-in. I understand that information regarding this refund claim may be shared with other taxing jurisdictions. Please sign, date, and provide a daytime phone number.

Signature

Date

Phone No.

Employer Certification

Under penalty of perjury, the undersigned employer representative certifies that the above named employee was employed during the period as referenced above; that the employee was either not working inside the city limits of Canton, or the tax was improperly withheld; and, that the employer has examined this claim for refund in its entirety including any accompanying schedules, worksheets, and statements; and, that the employer representative can attest that the information reported on this claim is true and accurate.

Representative Signature

Title

Date

Phone No.

Print Representative Name

Company Name

Email Address

In-city Calculation Worksheet

	Example	Your Calculations
1. TOTAL DAYS AVAILABLE <i>* i.e., 366 minus weekends not worked</i>	262*	1 <input style="width: 100px;" type="text"/>
a. VACATION	10	a. <input style="width: 100px;" type="text"/>
b. SICK LEAVE	6	b. <input style="width: 100px;" type="text"/>
c. HOLIDAYS	10	c. <input style="width: 100px;" type="text"/>
2. LESS: TOTAL AVAILABLE DAYS NOT WORKED <i>* i.e., (a. + b. + c.)</i>	26*	2 <input style="width: 100px; background-color: #f8d7da;" type="text"/>
3. SUBTRACT LINE 2 FROM LINE 1	236	3 <input style="width: 100px;" type="text"/>
4. LESS: DAYS WORKED OUT OF CITY (due to Covid-19 only) <i>* attach Log of Days Out</i>	59*	4 <input style="width: 100px; background-color: #f8d7da;" type="text"/>
5. DAYS PHYSICALLY WORKED IN CANTON	177	5 <input style="width: 100px;" type="text"/>

Refund Computation

(Divide)	5. DAYS ON THE JOB IN CANTON	X	TOTAL INCOME	=	TAXABLE INCOME
	3. TOTAL AVAILABLE WORKDAYS		(Enter on Page 1, Column A)		(Enter on Page 1, Column B)

COMPUTATION: (Line 5. / Line 3.) **X** **\$** **=** **\$**

TAX RATE FOR CITY OF CANTON **X 2.5%**

TOTAL TAX DUE (Enter on Page 1, Column C) **\$**

LESS TAX WITHHELD (Enter on Page 1, Column D) **\$**

REFUND DUE (Enter on Page 1, Column E) **\$**

LOG OF DAYS WORKED OUTSIDE OF CANTON

STREET, CITY AND STATE	EXACT DATE(S)	BUSINESS PURPOSE	NUMBER OF DAYS

*Attach additional log sheets if needed