

NON-RESIDENT REFUND REQUEST

General Information

- This form is to be used by individuals claiming a refund of the city income tax withheld in excess of their liability.
- A separate form must be completed for each employer and each tax year for which a refund is requested.
- Forms can be submitted via U.S. mail, dropped off at the City of Monroe building or faxed at 513.539.6209.
We do not accept forms by email.
- If you are requesting a refund for days worked outside of Monroe, please complete the attached schedule; if this form is not applicable, a written explanation detailing how your taxable income was calculated must be provided.
- The refund request must be made within 3 years from the date on which payments were made or the return was due.
- Part III – Employer’s Certification section must be completed in all instances.
- Clear and complete W-2 forms must be submitted with this form.
- No refunds under \$10.00.
- Allow 90 days for processing refunds. Missing or incorrect information will delay processing.
- Be advised that if a refund is issued, the information will be forwarded to your resident city and you may owe tax there as a result of this refund.

Important information for Municipal Tax Refunds related to COVID-19

- If any portion of your application for refund is related to a change in your regular place of work because of COVID-19, please check the applicable box in Part I – Claimant Information. Your employer will need to check the appropriate box in Part III – Employer’s Certification.
- In March 2020, Governor DeWine signed HB 197, which requires employers to continue to remit local withholding tax to the employee’s ‘Principal Place of Work’ (Prior to COVID-19) throughout the declared State of Emergency and until 30 days after it is lifted.
- If the City of Monroe was your pre-COVID-19 workplace, a refund of that tax withheld may not be available until pending 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 Monroe will hold your refund request until this litigation is concluded. Should this conclusion determine that a refund is necessary; your request will be processed at that time. Should this conclusion determine that a refund is not necessary; you will receive a notice that you are not eligible for the refund.



REFUND REQUEST FORM TAX YEAR _____

PART I – TO BE COMPLETED BY CLAIMANT (please attached a COPY of your W-2’s with this form)

NAME AND ADDRESS

Check here if you worked outside of your normal place of work in 2020 due to COVID-19

SSN: _____

PHONE NUMBER: _____

EMAIL: _____

ADDRESS DURING PERIOD OF CLAIM

EMPLOYER’S NAME AND ADDRESS

REASON FOR REFUND _____

Computation and overpayment:

AMOUNT OF CLAIM: _____

- 1. Income earned \$ _____
- 2. Monroe tax withheld (ATTACH COPY OF W2) \$ _____
- 3. Earnings subject to Monroe tax \$ _____
- 4. Monroe tax – 2% of line 3 \$ _____
- 5. Overpayment claimed-line 2 minus line 4 \$ _____

Basis for refund: Claimant must provide all pertinent information and facts on which claim is based. Use reverse side of form or separate attachment for proper information to further substantiate claim. If required to travel, provide list of dates worked outside of city and city where services were performed.

PART II – CLAIMANT’S CERTIFICATION

I certify that all facts and figures given are true and complete; a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the City of Monroe to, upon request, furnish my city of residence or employment with a copy of this refund request.

SIGNED: _____ DATE: _____

PART III – EMPLOYER’S CERTIFICATION

I certify that during the year _____, the above named employee’s total salary was \$ _____ from which \$ _____ Monroe tax was withheld and remitted to the City of Monroe, Ohio. The employee’s address for the period covered by the claim was _____. I certify that _____ percentage of the employee’s compensation was attributable to work done or services performed outside the City of Monroe. I authorize the City of Monroe to, upon request; furnish the city of employee’s residency or employment with a copy of this refund document. I certify that no portion or said tax has been or will be refunded directly to the employee, and that no adjustments to our withholding account with the City of Monroe have been or will be made for said tax.

SIGNED: _____ TITLE: _____ DATE: _____

PRINT NAME: _____ TELEPHONE: _____

EMAIL ADDRESS: _____



SCHEDULE OF DAYS WORK IN MONROE

DATE	WORK LOCATION(S)	DATE	WORK LOCATION(S)	DATE	WORK LOCATION(S)	DATE	WORK LOCATION(S)
JANUARY		FEBRUARY		MARCH		APRIL	
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	
6		6		6		6	
7		7		7		7	
8		8		8		8	
9		9		9		9	
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28		28		28		28	
29		29		29		29	
30				30		30	
31				31			



SCHEDULE OF DAYS WORK IN MONROE

DATE	WORK LOCATION(S)	DATE	WORK LOCATION(S)	DATE	WORK LOCATION(S)	DATE	WORK LOCATION(S)
MAY		JUNE		JULY		AUGUST	
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	
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31				31		31	



SCHEDULE OF DAYS WORK IN MONROE

DATE	WORK LOCATION (S)	DATE	WORK LOCATION (S)	DATE	WORK LOCATION (S)	DATE	WORK LOCATION (S)
SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
1		1		1		1	
2		2		2		2	
3		3		3		3	
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5		5		5		5	
6		6		6		6	
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