



Hebron Income Tax  
934 W. Main Street  
Hebron OH 43025  
740-928-3641

## COVID-19 REFUND FORM

**ADDITIONAL REQUIRED DOCUMENTATION:** 1. EMPLOYER VERIFICATION OF TIME OUT OF HEBRON- attached  
2. W-2

**\*\*\*MAKE NOTE THAT IF THIS REFUND REQUEST IS SUBMITTED TO OUR OFFICE, YOUR RESIDENT MUNICIPALITY WILL BE NOTIFIED OF THIS REQUEST AND THIS WILL INCREASE YOUR TAX LIABILITY TO THEIR OFFICE. YOU ARE RESPONSIBLE FOR FILING AND PAYING YOUR LOCAL MUNICIPALITY.**

PERSON RECEIVING REFUND: NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)  
PHONE: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)

ACCOUNT #: \_\_\_\_\_ TAX YEAR: \_\_\_\_\_  
(Office Use)

AMOUNT OF GROSS INCOME ON W-2: \_\_\_\_\_ DIVIDED BY 2080 = \_\_\_\_\_ (HOURLY RATE)

LOCAL INCOME TAX WITHHELD: \_\_\_\_\_

NUMBER OF DAYS OUT: \_\_\_\_\_ TIMES 8 HOURS = \_\_\_\_\_ TOTAL HOURS OUT

HOURS OUT: \_\_\_\_\_ TIMES HOURLY RATE: \_\_\_\_\_ = \_\_\_\_\_ (TIME OUT)

GROSS WAGE: \_\_\_\_\_ MINUS AMOUNT OF TIME OUT = \_\_\_\_\_ (TAXABLE WAGE)

TAXABLE WAGE: \_\_\_\_\_  
HEBRON INCOME TAX DUE @ 1.5%: \_\_\_\_\_

ACTUAL TAX WITHHELD: \_\_\_\_\_ LESS TAX DUE: \_\_\_\_\_ = \_\_\_\_\_

AMOUNT OF REFUND: \$ \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Employer Certification

The undersigned representative states that during the year referenced above the employer withheld municipal income tax from the above named employee in excess of the employee's liability; that the employee was employed during the time referenced above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim with respect to time worked in the municipality withheld is true and accurate. In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

_____ Name of Employer	_____ Signature of Representative	_____ Date	_____ Phone Number
_____ Print Representative's Name and Title		_____ Reason for Refund (e.g. taxpayer works from home 4 days)	