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For Tax Year 2022

PATRICIA CHITTOCK
TAX COMMISSIONER

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www.akronohio.gov/1040



DANIEL HORRIGAN, MAYOR

INCOME TAX DIVISION
DEPARTMENT OF FINANCE

Dear Taxpayer,

Use the Non-Resident Employee Refund Application if your request is for days worked outside of Akron. You must complete the entire form. Then have the days worked in Akron verified for accuracy by your employer. (The appropriate individual is one who has legal authority to sign for the company and knows your work schedule.)

In addition, please be advised that we will be notifying your resident city. It appears that one of the intentions of the new State law is to hold the employee responsible to pay either the city where the work was performed or the base city of employment, when both are taxing municipalities. Since you are receiving a refund of taxes withheld for your base city of employment, the city of residence may elect to pursue recovery of these dollars.

Refunds are issued within 90 days after the City has receipt of the correctly completed Refund Application and itinerary forms, or after receipt of the employer's correct AW-3 reconciliation form, including all W-2 information, whichever is later.

Sincerely,
Income Tax Division
Refund Section
330-375-2039

Revised: 1/2023

For Tax Year 2022

NON-RESIDENT EMPLOYEE REFUND APPLICATION

**For Days Worked Out of Akron
Or Taxes Over Withheld by Employer**

During the year **2022**, my employment with _____ located in the City of Akron, required me to perform services both inside and outside the corporate boundaries of the City as follows:

Total Days Paid 52 Weeks @ 5 Days per Week or 260 Working Days:

(or dates of employment -beginning _____ thru _____)

Number of Working Days Outside Akron _____ To be Refunded

Number of Working Days In Akron _____

(Attach itinerary)

OR

During the year **2022**, my employer _____ over withheld Akron city income taxes for the following reason:

Work from home Withheld in error Over withheld OTR driver Other _____

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

Print Employee's Name

Date

Employee's Signature

Social Security Number

Employee's Street Address

Daytime Phone Number

Employee's City, State, Zip

City of Residence

You must attach copies of W-2's showing Akron wages and Akron income taxes withheld.

We will calculate and issue a refund (if any) based on the information provided.

Payment will be made within 90 days of receipt of the completed refund request and receipt of a completed employer annual withholding return OR within 90 days of April 15th of the year following the tax year at issue, whichever is later.

~ ~ ~ ~ ~ EMPLOYER'S VERIFICATION ~ ~ ~ ~ ~

The number of days work in Akron shown above reflect actual working days at principal place of work. Additionally, no refund of withheld taxes have been paid to employee.

Employer's / Manager's Signature

Date

Print Employer's / Manager's Name

Title

Employer's / Manager's Phone Number and Extension

Please mail completed form and copy of W-2 to:

Income Tax Division -1 Cascade Plaza – Suite 100 -Akron, OH 44308

Forms are available at akronohio.gov/1040 or by calling 330-375-2039.

