

## BLUE ASH INCOME TAX DIVISION

### GENERAL INSTRUCTIONS FOR COMPLETING A CLAIM FOR REFUND FORM

- Provide clear and complete copies of W-2 forms that include federal, state and local income tax information.
- Total days in year must be 365 (366 for leap years) unless your employment was only part of the year. If so, adjust days and provide explanation.
- Provide complete itinerary of dates and locations worked outside Blue Ash. When this form is submitted, the tax office in your city of residence and/or your city of employment will be notified.
- If the ***Itinerary of Days Worked Outside Blue Ash*** form is not applicable to your employment situation, provide a written explanation as to how your taxable income was calculated.
- Any reduction in W-2 income must be verified by appropriate copies of Federal forms (i.e., Form 2106, Schedule A for business expenses; Form 3903 for moving expenses, etc.) Travel expenses associated with days worked outside Blue Ash are not deductible.
- Severance pay is taxable by the City of Blue Ash; however, if your severance pay is based on the number of years that you were employed by your company, you will need to prorate the total amount by the number of years that you worked in Blue Ash.
- Be sure to complete all information on the ***Claim for Refund*** form including your signature. The bottom of the form must also be completed and signed by the appropriate supervisor or officer.
- The IRS requires that a 1099-G form will be sent to you and IRS at year end for refunds of \$10.00 or greater.
- Incorrect or incomplete requests will cause delays in the processing of your refund. For additional information or assistance in completing your return, please call 745-8516 weekdays from 8:00 AM to 5:00 PM.

# CITY OF BLUE ASH TAX DIVISION

4343 COOPER ROAD, BLUE ASH, OH 45242

PHONE: (513) 745-8516

FAX: (513) 745-8651

E-MAIL: blueashtax@blueash.com

## CLAIM FOR REFUND OF EARNINGS TAX

NAME \_\_\_\_\_ TAX YEAR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ S.S. # \_\_\_\_\_  
CITY, ST., ZIP \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
DAYTIME PHONE NO. \_\_\_\_\_ BLUE ASH TAX WITHHELD \_\_\_\_\_  
E-MAIL \_\_\_\_\_ Signature \_\_\_\_\_

### 1. ALLOCATION OF WAGE AND SALARY INCOME

(Those assigned an authorized % figure such as over-the-road drivers, go to line e.)

Total Days in Year	365
Less Weekends, Holidays, Vacation & Sick Leave (Exclusive of days worked)	- _____
a. Equals Total Days Worked in Year	= _____
b. Less Total Days Worked Out of Blue Ash (Attach complete itinerary for substantiation)	- _____
c. Equals Total Days Worked in Blue Ash Divided by Total Days Worked in Year (a.)	= _____ ÷ _____
d. Equals Percent of Time Worked in Blue Ash	= _____ %

### 2. BLUE ASH REFUND

e. Qualifying Wages (Less Business Expenses if applicable) (Fed. Form 2106 <u>must</u> be attached if filed with IRS)	_____
f. Multiplied by Percent of Time Worked in Blue Ash (from d.)	x _____ %
g. Equals Your Wages Allocated to Blue Ash	= _____
Multiplied by the Blue Ash Tax Rate	x 1.25%
h. Equals Your Blue Ash Tax Liability	= _____
Less Blue Ash Tax Withheld (attach W-2)	- _____
i. Equals Your Blue Ash Refund	= _____

**\*\*IMPORTANT:** Your W-2 Form(s) must be attached before your refund can be processed.\*\*

### 3. OFFICER CERTIFICATION (Must be completed in full)

I hereby certify that the information stated above by my employee, \_\_\_\_\_,  
is true and correct. I further state that documents for verification are on file with this company  
and will be furnished to the Blue Ash Tax Office Division upon request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Supervisor/Officer

\_\_\_\_\_  
Phone (Ext)

\_\_\_\_\_  
Signature of Supervisor/Officer

