



# City of Lancaster Income Tax Department

Lancaster Income Tax Department  
PO Box 128  
Lancaster, Oh 43130  
Phone: (740) 687-6606  
www.ci.lancaster.oh.us

## Nonresident Refund Request

- **BASIS FOR REFUND:** A brief but complete explanation by the applicant is required concerning the reason for the overpayment. Explain method of calculations and show computations used to determine the amount of taxable city income. If job duties require travel to different work sites to perform work, you must provide a list of dates and location of city. Seminars, meetings, and training sessions, although they may be outside the city, do not constitute a change in work situs and cannot be deducted as travel days.
- Certification of Employer must be signed by an authorized official of the employer. No person claiming a refund may certify their own request, or have the certification completed by a subordinate employee.
- No refund less than \$10.01 will be issued.
- Refund requests will not be honored beyond three years from the date the original tax return was due.
- Please allow 90 days for the processing of your request.
- Refunds issued will be reported to city of residence or employment

**CHECK THIS BOX 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.

Tax Year \_\_\_\_\_

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 Lancaster tax withheld  
*(Use Box 19 from W-2)*

**Column B** Enter taxable income from Worksheet, page 2

**Column E** Subtract Column D from Column C

**Column C** Multiply Column B by tax rate (% by year key on page 2)

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

I declare under penalty of perjury, that all information reported on this 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-Lancaster earnings covered herein. I understand that information regarding this refund claim may be shared with other taxing jurisdictions.

\_\_\_\_\_  
Applicant 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 Lancaster 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. I/We certify that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes to the city.

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

# Refund Computation

(Divide) **5. DAYS ON THE JOB IN LANCASTER** **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 LANCASTER

**X**  %

**TAX RATE BY YEAR**

**2020 and prior - 1.75%**

**2021 & 2022- 2.2%**

**2023- 2.3%**

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)

**\$**

**\*Attach W2's**

**\*No refunds will be issued without proper documentation.**

**\*Your resident or employer municipality will be notified if you receive a refund from our office, which may increase your liability in your local municipality.**

