

City of Springdale

Tax Department

KATHY McNEAR
Clerk of Council / Finance Director

JEFFREY T. WILLIAMS
Finance Officer / Tax Commissioner

John J. Jones
City Administrator

Date: 1-1-23

Regarding: 2022 Refund as a Result of Working at Your Residence Outside of the City of Springdale and being withheld to the City of Springdale

Those who meet the requirement above can submit for a refund for 2022 withholdings for time not working in the City of Springdale but withholding tax was withheld to the City of Springdale.

The following items are needed to submit a refund for 2022:

- * 2022 form W-2(s).
- * Certification from your employer as to how many days in 2022 you worked from a location in the City of Springdale.
- * Certification from your employer that no portion of the withholding tax has been or will be refunded directly to you from your company.
- * Refund calculation – this should be performed on City of Springdale Tax Form WFH. The employer certification as noted above can be found on page 2 of the form to be certified and signed by your employer.

Please note that no refunds will be issued until the company Withholding Reconciliation is filed (due February 28, 2023). Also, refunds issued will be reported to the municipality of residence (if applicable). Please allow up to 90 days to process the refund.

If you have any questions please call the Springdale Tax Office at 513-346-5715.

Sincerely,

Jeff Williams
Finance Officer/Tax Commissioner

FORM WFH

**CITY OF SPRINGDALE
2022 NON-RESIDENT EMPLOYEE
INCOME TAX RETURN**

Must be filed within 3 years from the due date of April 18th, 2023

FILE WITH:
SPRINGDALE TAX COMMISSION
11700 SPRINGFIELD PIKE
SPRINGDALE, OHIO 45246
PHONE (513) 346-5715
FAX (513) 346-5756
www.springdale.org

This form is to be used if your work location was outside the City of Springdale and your employer withheld earnings tax to the City of Springdale.

LOCAL PHONE NUMBERS:
Home:
Cell:

ACCOUNT NO.

NAME AND ADDRESS:	SOCIAL SECURITY NO.	OFFICE USE ONLY

2022 SPRINGDALE TAX RETURN	OFFICE USE ONLY
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1. FORM W-2 QUALIFYING WAGES, USUALLY BOX 5 OF FORM W-2 (ATTACH W-2'S)		
2. PERCENTAGE OF LINE 1 ALLOCATED TO SPRINGDALE (FROM PAGE 2)	%	%
3. LINE 1 DOLLAR AMOUNT X LINE 2 PERCENTAGE		
4. SPRINGDALE TAX (2.0% OF LINE 3).....		
5. TAX WITHHOLDINGS (ENTER TAXES WITHHELD FOR THE CITY OF SPRINGDALE - FROM W-2)...		
6. SUBTRACT LINE 5 FROM LINE 4, THIS IS YOUR REFUND		

PLEASE NOTE THE FOLLOWING:

REFUNDS OF LESS THAN \$10 WILL NOT BE REFUNDED.
REFUNDS ISSUED WILL BE REPORTED TO FEDERAL AND STATE TAXING AUTHORITIES ON FORM 1099G (as required by law).
REFUNDS ISSUED WILL BE REPORTED TO THE MUNICIPALITY OF RESIDENCE (IF APPLICABLE).

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

MAY WE DISCUSS THIS RETURN WITH THE PREPARER? Yes No

SIGNATURE OF TAXPAYER OR AGENT (REQUIRED) DATE

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE

ADDRESS TELEPHONE NO.

CALCULATION OF PERCENTAGE ALLOCATED TO THE CITY OF SPRINGDALE

A. TOTAL DAYS AT THE SPRINGDALE WORK LOCATION IN 2022..... _____
(If the Employee worked at the Springdale work location in 2022, a list of those days must be provided and verified by the Employer - See Employers Certification Below)

B. TOTAL WORK DAYS IN 2022..... 260

C. TOTAL PERCENTAGE APPLICABLE TO SPRINGDALE (To Page 1, Line 2) _____

EMPLOYERS CERTIFICATION (TO BE COMPLETED BY EMPLOYER)

The stated employee has claimed a refund of City of Springdale withholding tax. As the employer (supervisor), your signature below addresses or verifies the following:

* The employee worked 100% from their home residence outside the City of Springdale. If the employee worked a portion of their time within the City of Springdale work location, please provide a list of days worked from that location.

* No portion of the withholding tax has been or will be refunded directly to the employee by your company.

Comments from Employer:

Employer Name: _____ Federal ID No. _____

Supervisor: _____ Title: _____

Phone: _____ E-Mail: _____