

CITY OF SPRINGDALE
2023 NON-RESIDENT EMPLOYEE
INCOME TAX RETURN

Must be filed within 3
years from the due date
of April 15th, 2024

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

2023 SPRINGDALE TAX RETURN OFFICE USE ONLY

Table with 6 rows and 2 columns for tax calculation: 1. FORM W-2 QUALIFYING WAGES, 2. PERCENTAGE OF LINE 1 ALLOCATED TO SPRINGDALE, 3. LINE 1 DOLLAR AMOUNT X LINE 2 PERCENTAGE, 4. SPRINGDALE TAX (2.0% OF LINE 3), 5. TAX WITHHOLDINGS, 6. SUBTRACT LINE 5 FROM LINE 4.

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 2023..... _____
(If the Employee worked at the Springdale work location in 2023, a list of those days must be provided and verified by the Employer - See Employers Certification Below)

B. TOTAL WORK DAYS IN 2023..... 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:** _____