



# 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: 1-11-22

Regarding: 2021 Refunds for Those Working from Home as a result of Covid-19

This letter is for those who worked in the City of Springdale before Covid-19, then as a result, the work location changed to your residence (outside the City of Springdale) but your employer continued to withhold taxes on your wages per the Governors Emergency Order. In 2021, the Governors Emergency Order regarding employee withholdings was lifted. As a result, those who meet the requirement above can submit for a refund for 2021 withholdings for time not working in the City of Springdale but tax was withheld. Please note refunds for 2020 as a result of the above will not be addressed at this time unless state law changes.

The following items are needed to submit a refund for 2021:

- \* 2021 form W-2(s).
- \* Certification from your employer as to how many days in 2021 you worked from the 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, 2022). 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

# CITY OF SPRINGDALE 2021 NON-RESIDENT EMPLOYEE INCOME TAX RETURN

**Must be filed within 3 years from the due date of April 18th, 2022**

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

ACCOUNT NO.

This form is to be used if your work location was in the City of Springdale before Covid-19. Then as a result of Covid-19, your work location became your residence (outside the City of Springdale), and your employer continued to withhold Springdale tax.

<b>LOCAL PHONE NUMBERS:</b>
Home:
Cell:

<b>NAME AND ADDRESS:</b>	<b>SOCIAL SECURITY NO.</b>	<b>OFFICE USE ONLY</b>

<b>2021 SPRINGDALE TAX RETURN</b>	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. AMOUNT OF LINE 1 ALLOCATED TO SPRINGDALE ( _____ % FROM PAGE 2) .....		
3. SPRINGDALE TAX (2.0% OF LINE 2).....		
4. TAX WITHHOLDINGS (ENTER TAXES WITHHELD FOR THE CITY OF SPRINGDALE) .....		
5. SUBTRACT LINE LINE 4 FROM LINE 3, 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 2021..... \_\_\_\_\_  
(If the Employee worked at the Springdale work location in 2021, a list of those days must be provided and verified by the Employer - See Employers Certification Below)

B. TOTAL WORK DAYS IN 2021..... 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 a result of working from home due to changes in work location as a result of Covid-19. 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: \_\_\_\_\_