

# Village of Hartville

## 2021 COVID-19 NONRESIDENT REFUND REQUEST

Use this form to report days worked outside of Hartville, at a location to which you were required to report for employment duties because of the Coronavirus pandemic and the governor's declaration of a state of emergency under Executive Order 2020-01D.

**Attach a copy of the Federal Form W-2(s)  
Attach a Log of Days Out if Working a Hybrid Schedule**

SSN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
FED EIN: \_\_\_\_\_

Calculations are based on - 52 Weeks @ 5 Days per Week or 260 Days

A) TOTAL DAYS AVAILABLE 260  
B) TOTAL GROSS PAY FOR PERIOD \_\_\_\_\_  
C) GROSS PAY PER DAY (B /260) \_\_\_\_\_  
D) DAYS WORKED OUT OF HARTVILLE \_\_\_\_\_  
(Attach log of days if working a Hybrid schedule)  
E) INCOME EXEMPT FROM TAX ( D x C ) = E \_\_\_\_\_  
F) AMOUNT OF REFUND DUE ( E x .01% ) \_\_\_\_\_

Under penalties of perjury I hereby certify that the information provided herein is true,  
correct and complete to the best of my knowledge and belief.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTIFICATION OF THIS REFUND WILL BE SENT TO YOUR CITY OF RESIDENCY**

### ~~~~~ EMPLOYER'S VERIFICATION ~~~~~

The undersigned employer representative certifies that the above named employee was employed during the period as referenced above and can attest that the information reported

Employer's / Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Employer's / Manager's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number and Extension \_\_\_\_\_

Please mail completed form and copy of W2 to:  
Income Tax Dept - 202 W Maple - Hartville OH 44632  
If assistance is needed call 330-877-9222 or email [tcooper@hartvilleoh.com](mailto:tcooper@hartvilleoh.com)

