

INCOME TAX DIVISION DEPARTMENT OF FINANCE

1 Cascade Plaza - Suite 100 Akron, Ohio 44308-1161

Donald W Smith, CPA Tax Commissioner Telephone: 330-375-2290 Fax: 330-375-2112

Email: incometax@akronohio.gov www.akronohio.gov/1040

Dear Taxpayer,

Use the Non-Resident Employee Refund Application if your request is for days worked outside of Akron. You must complete the entire form. Then have the days worked in Akron verified for accuracy by your employer. (The appropriate individual is one who has legal authority to sign for the company and knows your work schedule.)

In addition, please be advised that we will be notifying your resident city. It appears that one of the intentions of the new State law is to hold the employee responsible to pay either the city where the work was performed or the base city of employment, when both are taxing municipalities. Since you are receiving a refund of taxes withheld for your base city of employment, the city of residence may elect to pursue recovery of these dollars.

Refunds are issued within 90 days after the City has receipt of the correctly completed Refund Application and itinerary forms, or after receipt of the employer's correct AW-3 reconciliation form, including all W-2 information, whichever is later.

Sincerely, Income Tax Division Refund Section 330-375-2039

Revised: 1/2024

For Tax Year _____ JEDD EMPLOYEE REFUND APPLICATION

For Days Worked Out of the JEDD Or Taxes Over Withheld by Employer

☐During the year JEDD, required me to p	_located in the										
	2 Weeks @ 5 Days per			Tollows.							
(or da)										
	_ To be Refunded	1									
			In JEDD								
		OR									
☐During the yearincome taxes for the foll			ld JEDD city								
Work from home	Withheld in error	Over withheld	OTR driver	Other							
Print Employee's Name Employee's Signature		Date Social Security Number									
Employee's Street Address			Daytime Phone Number								
Employee's City, State, Zip			City of Residence								
We will calcu	tach copies of W-2's ulate and issue a le within 90 days of receiver within 90 days of April	refund (if any	refund request and a	e information	provided.						
The number of days wor refund of withheld taxes	k in JEDD shown abov	ve reflect actual w	orking days at prin								
Employer's / Manager's Signature			Date								
Print Employer's / Manager's Nam	e		Title								

Employer's / Manager's Phone Number and Extension

Date_

ITINERARY FOR DAYS WORKED OUT OF AKRON

Name

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LOCATION CITY, STATE	Purpose of Trip										
	Date From To										PAGE TOTAL

Do Not Include Vacation, Sick, Holiday, Weekends or Other Paid Non-Working Days.