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EDWARD R. COLE
TAX COMMISSIONER

INCOME TAX DIVISION
DEPARTMENT OF FINANCE

Dear Taxpayer,

Due to recent amendments to the Ohio Revised Code, Section 718, we have adopted new procedures for handling refund requests for days worked out of the JEDD. Most requests will be honored the same as in prior years, however, these requests must now be submitted on the new JEDD refund forms and itinerary schedules.

Use the JEDD Refund Application if your request is for days worked outside the JEDD. You must complete the entire form and the itinerary schedule found on Page 2. Make extra copies of the itinerary if more lines are needed. Then have the form 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.)

Also, please be advised that a resident city may want to pursue collection of these dollars if you live in a city with an income tax that gives credit for taxes paid elsewhere.

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

Sincerely,
JEDD Section
Income Tax Division
330-375-2539

JEDD REFUND APPLICATION

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

During the year _____, my employment with _____ located in the JEDD, required me to perform services both inside and outside the JEDD limits as follows:

Total Days Paid 52 Weeks @ 5 Days per Week or 260 Working Days:

(or dates of employment - beginning _____ thru _____)

Working Days Outside the JEDD _____

To be Refunded

(COMPLETE THE ITINERARY ON BACK IN DETAIL. Make extra copies of itinerary if more lines are needed. Do not include vacation, sick, holiday, weekends or other paid non-working days.)

Working Days in the JEDD _____

Taxable

During the year _____, my employer _____ over withheld my JEDD income taxes as follows:

(Please explain) _____

JEDD Tax Withheld from W-2 _____

Attach copy of W-2

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

Print Employee's Name

Social Security Number

Employee's Home Address

Daytime Phone Number

Employee's City of Residence

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We will calculate and issue a refund based on the information provided.

Payment will be made within 90 days of receipt of the completed refund request or completed employer annual withholding return, whichever is later.

You must attach copies of W-2's showing JEDD wages and JEDD income taxes withheld.

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EMPLOYER'S VERIFICATION

Under penalties of perjury I the undersigned state that I have examined this claim for refund, and to the best of my knowledge and belief, this refund claim is true and correct.

The days outside of the JEDD, shown on the accompanying itinerary, reflect actual working days and do not include vacation, sick, holiday, weekends or other paid non-working days.

Taxes were over withheld and paid to the JEDD – No W-2C has been or will be issued for this employee.

Employer's / Manager's Signature

Date

Print Employer's / Manager's Name

Title

Employer's / Manager's Phone Number and Extension

JEDDs PO Box 80538 Akron, OH 44308

Forms are available at www.ci.akron.oh.us/1040 or by calling 330-375-2539

