City of Brook Park
Department of Taxation
6161 Engle Road
Brook Park, OH 44142

www.cityofbrookpark.com

Fax Line (216) 433-0822

Taxdepartment@cityofbrookpark.com

Visit TAX CONNECT Online

Inquiry & Payment System

Tax Office (216) 433-1533

Info Line (216) 433-4115

PLEASE READ ATTACHMENT FOR COVID-19 and WORK FROM HOME

REFUND REQUIREMENTS FOR TAX YEAR 2024

All non-residents must sign the disclosure form attached!!

***Income claimed as non taxable to the City of Brook Park must be claimed and tax paid to either your resident city or the city where earned!! Refunds will be reported to your resident city taxing authority! $10.00 minimum for refunds! All filings must be up-to-date!

IN ADDITION TO A COMPLETED AND SIGNED BROOK PARK TAX RETURN YOU WILL NEED ONE OR MORE OF THE FOLLOWING:

COPIES OF ALL SCHEDULES. W-2'S AND 1099'S, AND COMPLETE LINE 15 on RETURN AS APPLICABLE

IF UNDER AGE EIGHTEEN: - A copy of your **Birth Certificate or Driver's license** showing date of birth if you are filing for the first time. If you have <u>turned **eighteen**</u> during the year 2024, your income will be prorated based on your birth date.

INTERSTATE DRIVERS, ETC.: - Your name must be on the form submitted by the terminal manager and you must drive out of state. You must also **sign the disclosure form on the back!**

WORK DONE OUT OF CITY OF BROOK PARK BUT WITHELD FOR BROOK PARK
We will need a copy of your **resident city tax return** indicating payment of the tax for the income you are exempting from taxation by Brook Park or, if you have not yet filed, a copy of your last year's return. You will need to **sign the disclosure form** (on back) You must **submit legible copies of expense accounts, company logs, travel vouchers etc. verifying** days out of city excluding sick days, weekends, holidays and vacation days. If company records not available, you must have employer's certification (on back). **Only full days apply.** If traveling by plane, use a full day in Brook Park if departure is in the afternoon. If arriving in Brook Park prior to noon, it is also a full day in Brook Park. We will notify your resident city of the refund when issued.

PRIOR YEAR'S OVERPAYMENTS - if a future tax liability is presumed to exist, and the amount is more than $200.00, it is recommended to carry overpayment forward. If payment was made three or more years prior to the filing date, no refund allowable. (Residents use April 15th, non-residents must use January 31st) Filings must be up-to-date, **$10.00 minimum refund. Call at 433-1533 if you have any questions!!**

ALL REFUNDS SUBJECT TO AUDIT AND GOVERNING ORDINANCE. PAYMENT WILL BE DELAYED UNTIL COMPLETE INFORMATION IS OBTAINED

TAXPAYER'S NAME: SOCIAL SECURITY NUMBER

STREET   CITY STATE ZIP   PHONE NUMBER

NAME OF EMPLOYER:_____

IS THIS REQUEST DUE TO COVID 19 and or WORK FROM HOME YES_____NO_____

EMPLOYER'S CERTIFICATION TO BE COMPLETED BY EMPLOYER/EMPLOYEE:

I/WE VERIFY THAT DURING_____I/WE WITHHELD CITY OF BROOK PARK
INCOME TAX FROMTHE ABOVE NAMED EMPLOYEE IN EXCESS OF HIS LIABILITY
FOR
THE TAX BASED ON THEFOLLOWING
REASON**:**_____

_____
(ATTACH LIST OF DAYS OUT OF TOWN, EXPENSE REPORTS, BIRTH CERTIFICATE, ETC AS REQUIRED-SEE REVERSE SIDE!)

A)   SALARIES, WAGES ETC PAID $_____ON WHICH BROOK PARK TAX WAS WITHHELD
          (ATTACH W-2.............................$_____

          WAGES EARNED IN BROOK PARK $_____@ 2% CITY TAX: $_____
          OVERPAYMENT:.. $_____
COMPUTATION:

_____
MANAGER SIGNATURE   TITLE   DATE   PHONE NUMBER

_____
PRINT OR TYPE NAME OF SIGNATORY AND TITLE

B)   THE EMPLOYEE'S ADDRESS ACCORDING TO OUR RECORDS FOR THE PERIOD COVERED
          BY THE CLAIM WAS:_____
      I/WE VERIFY THAT NO PORTION OF SAID TAX HAS BEEN OR WILL BE REFUNDED
      DIRECTLY TO THE EMPLOYEE AND THAT NO ADJUSTMENTS TO MY/OUR
     WITHHOLDING ACCOUNT WITH THE CITY OF BROOK PARK HAVE BEEN OR WILL BE
     MADE FOR SAID TAX. I FURTHER WARRANT THAT THE ABOVE NAMED MANAGER
      HAS AUTHORITY TO APPROVE TRAVEL FOR THE ABOVE NAMED EMPLOYEE
      AND THAT THE ABOVE LISTED TRAVEL WAS MADE FOR COMPANY REASONS.

_____
EMPLOYER VERIFICATION   TITLE   DATE   PHONE NUMBER

_____
PRINT OR TYPE NAME OF SIGNATORY

C)   I CERTIFY THAT THE FACTS, ALLEGATIONS AND APPENDED INFORMATION INCLUDING
       THE ATTACHED TAX RETURN ARE TRUE AND ***AUTHORIZE THE DISCLOSURE*** OF THE
       INFORMATION HEREIN TO ANY LAWFUL TAXING AUTHORITY BY THIS REFUND.

_____
EMPLOYEE SIGNATURE   DATE   PHONE NUMBER

COVID-19 *and* WORK FROM HOME
REFUND REQUESTS

TAX YEAR 2024, 2023, 2022, AND 2021 ONLY REFUND REQUESTS

For Tax Year 2024: Tax withheld for workplace municipalities in 2024, while employees worked from home or another location, are available for refund. Please complete the 2024 refund request in full, including signatures and attached copy of W-2. Please be aware that some or all of the tax refunded from the withheld municipality may be due to the municipality where the work was actually performed, including the residence community.

For Tax Year 2023: Tax withheld for workplace municipalities in 2023, while employees worked from home or another location, are available for refund. Please complete the 2023 refund request in full, including signatures and attached copy of W-2. Please be aware that some or all of the tax refunded from the withheld municipality may be due to the municipality where the work was actually performed, including the residence community.

For Tax Year 2022: Tax withheld for workplace municipalities in 2022, while employees worked from home or another location in response to COVID-19, are available for refund. Please complete the 2022 refund request in full, including signatures and attached copy of W-2. Please be aware that some or all of the tax refunded from the withheld municipality may be due to the municipality where the work was actually performed, including the residence community.

For Tax Year 2021: Tax withheld for workplace municipalities in 2021, while employees worked from home or another location, are available for refund. Please complete the 2021 refund request in full, including signatures and attached copy of W-2. Please be aware that some or all of the tax refunded from the withheld municipality may be due to the municipality where the work was actually performed, including the residence community.

Name of employee shown on page 1	Employee's SSN	Tax Year of Claim

Calculation of Days Worked Outside of BROOK PARK

1	**Total workdays available.** If you normally work a 5 day workweek and you worked for your employer for the entire year, enter 260 (52 weeks times 5 days). Otherwise, enter the number of days you normally worked in a week times the number of weeks worked (cannot exceed 260).	1	
2	**Days not worked.** Enter total number of days included on line 1 that you did not work due to holidays, personal days, sick days, and vacation days	2	
3	**Total days actually worked.** Subtract line 2 from line 1	3	
4	**Days worked out of town.** A log of days out, destination and reason for travel must be included (see below). For purposes of this refund claim, if you worked in another municipality that has an income tax, the wages earned in that municipality are subject to tax in that municipality.	4	
5	**Days worked in the municipality for which tax was withheld.** Subtract line 4 from line 3	5	
6	**Percentage of wages earned in the municipality.** Divide line 5 by line 3	6	
7	**Total municipal taxable wages.** Enter the larger of Box 5 or 18 from your W-2	7	
8	**Wages taxable to municipality for which tax was withheld.** Multiply line 6 by line 7	8	
9	**Wages not taxable to municipality for which tax was withheld.** Subtract line 8 from line 7.	9	
10	**Amount of over withholding claimed.** Multiply line 9 by the tax rate of the municipality for which tax was withheld. Enter here and on Page 1 Section A Overpayment **Tax Rate** 2.0%	10	

Log of Days Out

List the names of the municipalities/locations where you worked while traveling, the reason for your travel, and the number of days worked at your travel destination. Your own worksheet is acceptable. Use additional paper if necessary.

Work Location	Reason	# Days	Work Location	Reason	# Days
1.			21		
2.			22.		
3.			23.		
4.			24.		
5.			25.		
6.			26.		
7.			27.		
8.			28.		
9.			29.		
10.			30.		
11.			31.		
12.			32.		
13.			33.		
14.			34.		
15.			35.		
16.			36.		
17.			37.		
18.			38.		
19.			39.		
20.			40.		
			Total number of days worked out of town		