

# FOR REMOTE OR HYBRID EMPLOYEES

Mason Tax Office  
6000 Mason-Montgomery Road  
Mason, Ohio 45040  
513-229-8535 (phone)  
513-229-8531 (fax)

Account # \_\_\_\_\_



Form R1

## 2023 NON-RESIDENT REFUND RETURN

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Prior Address (if changed during tax year): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Refunds are allowed only when city income tax has actually been paid to or withheld for the City of Mason. Refunds of tax paid by the taxpayer (not withheld by an employer) may be requested by submitting the City of Mason Individual Income Tax Return (Form IR). Requests for refunds of tax withheld must be submitted as outlined below. In all cases, information may be requested by our office. Incomplete refund requests will be returned to the taxpayer and must be refiled with complete information and documentation. Failure to remit all documentation, including schedules, other municipal income tax returns, or other supporting documentation necessary to verify pertinent factors on the return will cause delays in processing, and/or disallowance of the refund. Refunds \$10 or under will not be issued. **Please allow up to 90 days for processing.**

### INSTRUCTIONS

**Please note:** Your refund request must be made within 3 years from the date on which such payment was made or the return was due. A separate return must be submitted for each year requesting a refund.

#### A. Days worked outside Mason

Non-residents may receive a refund for full days worked outside the City of Mason when the employer is located in Mason. **Please note that no refund is allowed for severance pay, or supplemental pay days or the equivalent of such days.** This type of pay is the direct result of your employment with the company and those days cannot be subtracted from total working days in determining the number of days worked outside the City of Mason. The 260 days available in Section A below already takes into account weekend days.

**Weekend days are not eligible for a refund. Partial days are only eligible for a refund if the preponderance of the day is worked outside of Mason (all travel time is allocated to Mason). If the days worked are in another Ohio municipality, a return must be filed and taxes paid to that municipality (please attach return(s)).**

**To request a refund due to days worked outside of Mason, the following must be submitted:**

1. Refund return form R1 with Sections A, B, C, and D completed - Section D must be signed by the employer(s)
2. W-2(s)
3. Itinerary of days worked inside and outside of Mason (each page must be initialed by employer)
4. Copy of return filed with another Ohio municipality (if applicable)

#### B. Other

**To request a refund of Mason tax over-withheld for any reason, the following must be submitted:**

1. Refund return form R1 with sections A and D completed - Section D must be signed by the employer(s)
2. W-2(s)

### Section A

**BASIS for REFUND (Give brief explanation and include job title/description)**

Refund Due \$ \_\_\_\_\_

**Section B** **WAGE AND SALARY ALLOCATION**

- 1) Total Days in Year (260 unless you worked only part of the year)
- 2) Non-Working Days
  - a) Holidays .....
  - b) Sick Leave Used .....
  - c) Vacation .....
  - d) Other Non-Working Days .....
  - e) Total Non-Working Days (Total Lines 2a through 2d)
- 3) Total Days Worked During the Year (Line 1 minus Line 2e) .....
- 4) Total Days Worked Remotely (Out of Mason) .....
- 5) Days Worked Within the City of Mason (Line 3 minus Line 4) Employer verified.....
- 6) Mason Allocation Percentage (Line 5 divided by Line 3) .....  
(Enter this percentage in Section C of the Non-resident Refund Tax Return)

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**Section C** **WAGES ON WHICH CITY INCOME TAX IS TO BE PAID**

Computation: \$ \_\_\_\_\_ X (C) \_\_\_\_\_ % = \$ \_\_\_\_\_  
From W-2 (generally Box 5) % of Days on job in Mason Taxable Income  
Total Gross Wages from Section B

Net Tax Due (Taxable Income X 0.0112) \$ \_\_\_\_\_  
Income Tax Withheld for Mason from W-2 \$ \_\_\_\_\_  
Refund Due (No refund for \$10 or less) \$ \_\_\_\_\_

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I authorize the City of Mason to communicate with me via the e-mail address provided on the front of the tax form and to furnish the Tax Administrator for my city of residence or employment a copy of the refund return.

The undersigned declares that all information given is true and complete to the best of his/her knowledge and belief, and that a refund has not previously been claimed or received by him/her for the period covered by this claim.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section D** **EMPLOYER'S CERTIFICATION (To be completed by employer)**

The above employee has claimed a refund of Mason withholding tax for the reason(s) listed above in Section A. Your completion of Section D and your signature below verifies the following:

1. The employee's claim for a refund of Mason tax is based upon your knowledge of the employee's records and/or your knowledge of the employee's work location(s).
2. The information used by the employee to calculate the refund is correct based upon actual withholding records or upon facts determined to be reasonably accurate by you.
3. Your knowledge that no portion of said tax has been or will be refunded directly to the employee by your company's payroll, and no adjustments to your withholding account with the City of Mason has been or will be made for said tax.

Comments:

Employer: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
1/3/2023			
1/4/2023			
1/5/2023			
1/6/2023			
1/9/2023			
1/10/2023			
1/11/2023			
1/12/2023			
1/13/2023			
1/16/2023			
1/17/2023			
1/18/2023			
1/19/2023			
1/20/2023			
1/23/2023			
1/24/2023			
1/25/2023			
1/26/2023			
1/27/2023			
1/30/2023			
1/31/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
2/1/2023			
2/2/2023			
2/3/2023			
2/6/2023			
2/7/2023			
2/8/2023			
2/9/2023			
2/10/2023			
2/13/2023			
2/14/2023			
2/15/2023			
2/16/2023			
2/17/2023			
2/20/2023			
2/21/2023			
2/22/2023			
2/23/2023			
2/24/2023			
2/27/2023			
2/28/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
3/1/2023			
3/2/2023			
3/3/2023			
3/6/2023			
3/7/2023			
3/8/2023			
3/9/2023			
3/10/2023			
3/13/2023			
3/14/2023			
3/15/2023			
3/16/2023			
3/17/2023			
3/20/2023			
3/21/2023			
3/22/2023			
3/23/2023			
3/24/2023			
3/27/2023			
3/28/2023			
3/29/2023			
3/30/2023			
3/31/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
4/3/2023			
4/4/2023			
4/5/2023			
4/6/2023			
4/7/2023			
4/10/2023			
4/11/2023			
4/12/2023			
4/13/2023			
4/14/2023			
4/17/2023			
4/18/2023			
4/19/2023			
4/20/2023			
4/21/2023			
4/24/2023			
4/25/2023			
4/26/2023			
4/27/2023			
4/28/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
5/1/2023			
5/2/2023			
5/3/2023			
5/4/2023			
5/5/2023			
5/8/2023			
5/9/2023			
5/10/2023			
5/11/2023			
5/12/2023			
5/15/2023			
5/16/2023			
5/17/2023			
5/18/2023			
5/19/2023			
5/22/2023			
5/23/2023			
5/24/2023			
5/25/2023			
5/26/2023			
5/29/2023			
5/30/2023			
5/31/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
6/1/2023			
6/2/2023			
6/5/2023			
6/6/2023			
6/7/2023			
6/8/2023			
6/9/2023			
6/12/2023			
6/13/2023			
6/14/2023			
6/15/2023			
6/16/2023			
6/19/2023			
6/20/2023			
6/21/2023			
6/22/2023			
6/23/2023			
6/26/2023			
6/27/2023			
6/28/2023			
6/29/2023			
6/30/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_



Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
7/3/2023			
7/4/2023			
7/5/2023			
7/6/2023			
7/7/2023			
7/10/2023			
7/11/2023			
7/12/2023			
7/13/2023			
7/14/2023			
7/17/2023			
7/18/2023			
7/19/2023			
7/20/2023			
7/21/2023			
7/24/2023			
7/25/2023			
7/26/2023			
7/27/2023			
7/28/2023			
7/31/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
8/1/2023			
8/2/2023			
8/3/2023			
8/4/2023			
8/7/2023			
8/8/2023			
8/9/2023			
8/10/2023			
8/11/2023			
8/14/2023			
8/15/2023			
8/16/2023			
8/17/2023			
8/18/2023			
8/21/2023			
8/22/2023			
8/23/2023			
8/24/2023			
8/25/2023			
8/28/2023			
8/29/2023			
8/30/2023			
8/31/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
9/1/2023			
9/4/2023			
9/5/2023			
9/6/2023			
9/7/2023			
9/8/2023			
9/11/2023			
9/12/2023			
9/13/2023			
9/14/2023			
9/15/2023			
9/18/2023			
9/19/2023			
9/20/2023			
9/21/2023			
9/22/2023			
9/25/2023			
9/26/2023			
9/27/2023			
9/28/2023			
9/29/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
10/2/2023			
10/3/2023			
10/4/2023			
10/5/2023			
10/6/2023			
10/9/2023			
10/10/2023			
10/11/2023			
10/12/2023			
10/13/2023			
10/16/2023			
10/17/2023			
10/18/2023			
10/19/2023			
10/20/2023			
10/23/2023			
10/24/2023			
10/25/2023			
10/26/2023			
10/27/2023			
10/30/2023			
10/31/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
11/1/2023			
11/2/2023			
11/3/2023			
11/6/2023			
11/7/2023			
11/8/2023			
11/9/2023			
11/10/2023			
11/13/2023			
11/14/2023			
11/15/2023			
11/16/2023			
11/17/2023			
11/20/2023			
11/21/2023			
11/22/2023			
11/23/2023			
11/24/2023			
11/27/2023			
11/28/2023			
11/29/2023			
11/30/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_

Date	Worked in Mason or Holidays, Vacation, Sick, days worked at home for convenience, etc.	Location & Purpose if not Mason	Ohio Municipal Return Attached
12/1/2023			
12/4/2023			
12/5/2023			
12/6/2023			
12/7/2023			
12/8/2023			
12/11/2023			
12/12/2023			
12/13/2023			
12/14/2023			
12/15/2023			
12/18/2023			
12/19/2023			
12/20/2023			
12/21/2023			
12/22/2023			
12/25/2023			
12/26/2023			
12/27/2023			
12/28/2023			
12/29/2023			
Subtotal			

Supervisor's Initials \_\_\_\_\_