

MUST BE COMPLETED IN EMPLOYEE'S HANDWRITING  
W-2 MUST BE ATTACHED

CLAIM FOR REFUND OF TAX WITHHELD FOR THE TIME SPENT OUTSIDE THE  
CITY OF \_\_\_\_\_ AS A NON-RESIDENT  
TAX YEAR \_\_\_\_\_

During the period \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_, I was employed by \_\_\_\_\_  
which employer compensated me in the amount of \$ \_\_\_\_\_ and withheld from such compensation City of  
\_\_\_\_\_ income tax in the amount of \$ \_\_\_\_\_. During this period my legal residence was outside the  
City of \_\_\_\_\_ as follows:

\_\_\_\_\_  
Street \_\_\_\_\_ City, Village or Township \_\_\_\_\_ State, Zip Code \_\_\_\_\_

During the above period I performed work as a \_\_\_\_\_ on behalf of my employer in areas  
outside the City of \_\_\_\_\_ as follows: (Use reverse side or additional pages if necessary.)

**THIS SECTION MUST BE COMPLETED IN DETAIL**

<u>ADDRESS</u>	<u>BUSINESS PURPOSE</u>	<u>EXACT DATE(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Weekends spent out of town are NOT to be included as days spent outside the city if the employee's salary is based on a 40 hr,  
Monday – Friday workweek. **Vacations, holidays, or sick days are not to be included as days worked outside the city.**

Total number of days spent out of town from above \_\_\_\_\_ = \_\_\_\_\_ % of time spent out of town  
Total number of work days in the year (52 x5) 260

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Social Security Number \_\_\_\_\_ Present Mailing Address \_\_\_\_\_

I hereby assign and transfer my right, title and interest in this refund to my city of residence and authorize my city of residence to  
accept this refund on my behalf.  
**SIGN THIS BOX ONLY IF YOU WANT YOUR REFUND SENT TO YOUR CITY OF RESIDENCE.**

\_\_\_\_\_  
Signature of Employee

TO: COMMISSIONER OF TAXATION  
CITY OF \_\_\_\_\_, OHIO **STATEMENT OF EMPLOYER**

Under penalties of perjury, the undersigned employer states that the above employee was employed by him during the period  
\_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_, that \$ \_\_\_\_\_ was withheld as City of  
\_\_\_\_\_ income tax from earnings paid said employee during that period; that he has examined this claim for  
refund of \$ \_\_\_\_\_ including accompanying schedules and statements and that to the best of his knowledge and  
belief this refund claim is true and correct; that the earnings claimed above were earned outside the corporate limits of the City of  
\_\_\_\_\_ and that no portion of said tax has been or will be refunded to said employee by this employer.

\_\_\_\_\_  
Name of Employer \_\_\_\_\_ CERTIFIED BY: \_\_\_\_\_  
Signature of Authorized Representative

Prepared By: \_\_\_\_\_  
Print or Type Applicant's Name