

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.)

CITY & STATE	EXACT DATE(S)	CITY & STATE	EXACT DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

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 spent 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 Applicant 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. Any refund I may be entitled to will be sent to me by my city of residence.

\_\_\_\_\_  
Signature of Applicant

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