

NON-RESIDENT REFUND CLAIM FORM
CLAIM FOR REFUND OF TAX WITHHELD

If you spent days outside your city of employment for job related travel, complete the following form.
Questions? Contact the Ottawa Hills Income Tax Office at (419) 536-6502.

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

FOR TIME SPENT OUTSIDE THE CITY OF _____ AS A NON-RESIDENT

YEAR _____

During the period _____, 20____, thru _____, 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:

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 hour, Monday - Friday workweek. Vacations, holidays or sick days are not to be included as days spent outside the city.

_____ % of time out of town. Calculate by taking the number of days out of town from above and dividing it by 260
(total number of work days in the year 52 x 5 = 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.

Signature of Applicant

STATEMENT OF EMPLOYER

TO: COMMISSIONER OF TAXATION
CITY OF _____, OHIO

Under penalties of perjury, the undersigned employer states that the above employee was employed by him during the
period _____, 20____, thru _____, 20____, that \$____.____ was withheld as _____
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 Date CERTIFIED BY: _____
Authorized Representative

PREPARED BY: _____
Print or type EMPLOYEE'S name