

NON-RESIDENT REFUND CLAIM FORM

CLAIM FOR REFUND OF TAX WITHHELD

W-2 MUST BE ATTACHED

If you spent days outside your work city for remote work (except for 2020 due to COVID-19) and job-related travel, complete the following form. **EXCEPTION: Toledo Non-Resident forms are required for Toledo refunds.** PLEASE NOTE: Requesting out-of-town days spent in another Ohio municipality COULD trigger tax filing and payment requirements for that municipality. If you have any questions, feel free to contact the Ottawa Hills Tax Office at 419-536-6502.

FOR TIME SPENT OUTSIDE THE WORK 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 \$_____. (ATTACH W-2). 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:

Date(s)	Street	City	State	Business Purpose

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 workdays in a 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 and 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 and 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