A TAX RETURN MUST BE FILLED OUT AND W-2 MUST BE ATTACHED FOR THIS FORM TO BE ACCEPTED

REFUND CLAIM FORM FOR NON-RESIDENT OF PORT CLINTON

(FOR EMPLOYER VERIFICATION OF NON-RESIDENT WORK LOCATION)

During the period	, 20	_ thru	, 20_	_, I was employed by	_
which my employer compensate	d me ir	n the amount of \$		During this period, my legal	
residence was outside the City o	f Port (Clinton as follows:			

Street

City, Village or Township

Zip

State

TAX YEAR

During the above period, **I performed work as a** _______ on behalf of my employer in the areas outside the City of Port Clinton as follows: (Use attached sheet if necessary).

THIS SECTION MUST BE COMPLETED IN DETAIL

EXACT DATE(S)

TWP/VILLAGE/CITY, STATE

BUSINESS PURPOSE

Weekend days are NOT included as days worked outside Port Clinton if the employee's salary is based on a 40 hour Monday-Friday workweek. Days spent "working at home" are NOT included as days outside Port Clinton unless you have a separate letter from your employer stating the employer does not provide you with an office, and you work at home for the convenience of your employer. If you spent 20 or more days in an Ohio City/Village, and filed a return, please attach a copy of the tax return filed with that city.

Vacations, holidays, and sick days are not to be included as days worked outside Port Clinton.

Divide total number of days worked inside Port Clinton city limits, per above, divided by total number of days worked during the year. (Standard number of workings days is 5 days/week X 52 weeks/year = 260 working days)

 $_$ = % of time worked inside Port Clinton City limits

Example: 20 days/260 = 19%

Signature of Employee

Date

Printed Name of Employee Phone Number

Social Security Number

Present mailing address if different

STATEMENT OF EMPLOYER (REQUIRED)

Under penalties of perjury, the undersigned employer representative states the above employee was employed during the period ______, 20___, thru _____, 20___, that \$_____ was withheld as Port Clinton Income Tax earnings paid said employee during that period; that the employer representative has examined this claim for percentage of allocation of tax monies due to Port Clinton and can attest that the information contained hereon is true and accurate; that the earnings claimed above were earned outside the corporate limits of the City of Port Clinton and no portion of said tax has been or will be refunded to said employee by this employer.

	CERTIFIED BY:					///		
Name of Employer		Signature	,	Title	Date	Phone		
PREPARED BY:_			_///					
	Print or Type Preparer's Name	it or Type Preparer's Name			Print or Type Name of Certifying Agent			