

## NON RESIDENT REFUND REQUEST FORM

TAX YEAR \_\_\_\_\_

INCOME TAX DEPARTMENT 1868 E Perry Street, Port Clinton, OH 43452 Tel: (419) 734-5522

Fax: (419) 734-5522

Email: pcincometax@portclinton-oh.gov

NAME OF APPLICANT:	Social Security Number:		
Current Mailing Address:			
tax office. Please select preferred d	lelivery method:	and request will require an assessment to be issor $\Box$ e-mail to:	•
NAME OF EMPLOYER:			
(W-2 showing Port Clinton withhold	lings must be atta	ched to form.)	
Dates of Employment:	R	eason for Refund:	
Number of working Days Outside Po (Total Days Paid is 52 weeks at 5 days)		entage: 0 working days)	
Under penalties of perjury, I hereby certify that the	he information provided	herein is true, correct and complete to the best of my knowledge	ge and belief
Taxpayer's Signature	 Date	Phone	
CERTIFICATION BY EMPLOYER (FOR EMPLOYER USE ONLY)			
	yed by our comp	am an authorized personnel ofany in the year I have reviewed the abation is correct as stated:	
Physical Address work was perform		(Attac	h Excel spreadsheet
for more than one address were wo Dates work performed:	•	a.) (Attach Excel spreadsheet showing dates p	erformed.)
Wages earned at each location worked: (Attach Excel spreadsheet			
showing wages earned inside City Limits of Port Clinton and Wages earned at additional work locations.)			
Authorized Personnel Signature		Direct Phone Number FEI  for non-resident individuals must be submitte	
nequests for refutio of tax withheld	a by an employer	ioi non-resident maividudis must de submitte	u as iuliuws:

**Completed Non-Resident Refund Request Form** 

Attach Copy of form W-2.

Employer's schedule of dates and locations worked outside of Port Clinton must be attached. Additional municipalities will be notified of work performed in their location.

Certification of Employer must be completed.