

City of Port Clinton Department of Taxation 1868 E. Perry Street Port Clinton OH 43452 419-734-5522 Option 4

Tax Year _____

EMPLOYER IS DOMICILED IN THE CI	ΓΥ LIMITS; IF YOU W	HAD PORT CLINTON WITHHOLDING DON /ORK IN THE CITY LIMITS OR EARNED AN NTON INCOME TAX WOULD BE DUE AND	NY MONIES BUT YOUR	
ALL MUST BE COMPLETED IN FULL, SUBMITTED WITH THIS REQUEST. E		HE RECONCILIATION BY THE EMPLOYER ON OFF ON THIS DOCUMENT.	IS REQUIRED TO BE	
NAME OF APPLICANT:		Social Security Number:	Social Security Number:	
Current Mailing Address:				
tax office. Please select preferred	delivery method:	und request will require an assessment or \square e-mail to:		
NAME OF EMPLOYER: (W-2 showing Port Clinton withho	oldings must be atta	iched to form.)		
Dates of Employment:	Re	eason for Refund:		
Number of working Days Outside (Total Days Paid is 52 weeks at 5 d		centage : 0 working days)		
Under penalties of perjury, I hereby certify that	t the information provided	I herein is true, correct and complete to the best of m	y knowledge and belief	
Taxpayer's Signature	Date	Phone		
CE	RTIFICATION BY EN	MPLOYER (FOR EMPLOYER USE ONLY)		
and the above employee was em employment records and have de	ployed by our comp termined all inform	am an authorized personnel of pany in the year I have reviewe nation is correct as stated:	d the above employee's	
Physical Address work was perfor for more than one address were		d.)	(Attach Excel spreadsheet	
Dates work performed: Wages earned at each location w showing wages earned inside City		Attach Excel spreadsheet showin (Att. on and Wages earned at additional wo	ach Excel spreadsheet	
Authorized Personnel Signature	Date	Direct Phone Number	FEIN #	
Completed Non-Resident Refund Attach Copy of form W-2.	Request Form	for non-resident individuals must be s outside of Port Clinton must be attack their location.		

Certification of Employer must be completed.

Please allow 90 days for the processing of your refund request