

NON-RESIDENT EMPLOYEE REFUND APPLICATION For Days Worked Out of Warren

Amt. Refund _____
 Check No. _____
 Mailed _____
 Approved By _____
 Acct. No. _____

During the year _____, my employment with _____ located or based in the City of Warren, required me to perform services both inside and outside the corporate boundaries of the City as follows:

Total Days Paid 52 Weeks @ 5 days per Week or 260 Working Days:
 (Or dates of employment – beginning _____ through _____).

Working Days Outside Warren _____ **To Be Refunded**
 (COMPLETE THE CALENDAR IN DETAIL and attach to this refund request. Do not include vacation, sick, holiday, weekends or other paid non-working days.)

Working Days in Warren _____ **Taxable**

Warren Tax Withheld from W-2 _____ **Attach copy of W-2**

Under penalties of perjury I hereby certify that the information provided herein is true, correct, and complete to the best of my knowledge and belief.

Employee's Signature	Date
Print Employee's Name	Social Security Number
Employee's Home Address	Daytime Phone Number
Employee's City of Residence	

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EMPLOYER'S VERIFICATION

Under penalties of perjury I the undersigned state that I have examined this claim for refund, including the accompanying itinerary, and to the best of my knowledge and belief, this refund claim is true and correct. The days outside of Warren so indicated reflect actual working days and do not include vacation, sick, holiday, weekends or other paid non-working days. No portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the City of Warren, Ohio.

Employer's / Manager's Signature	Date
Print Employer's / Manager's Name	Title
Employer's / Manager's Phone Number and Extension	

Forms are available at www.warren.org
 or by calling (330) 841 - 2551