CLAIM FOR REFUND OF TAX WITHHELD
FOR THE TIME SPENT OUTSIDE WAUSEON AS A
NON-RESIDENT OF WAUSEON
W-2(s) MUST BE ATTACHED

Applicant's Statement

During the period_____, 20_____, through_____, 20____, I was employed by _____, working as a_____. My employer compensated me in the amount of $_____ and withheld from such compensation Wauseon City income taxes in the amount of $_____. During this time my legal residence was outside the City of Wauseon as follows:

_____ _____ ____ _____
Street Address | Circle one: City, Village, or Township | State | Zip Code

During the above period, I performed work on behalf of my employer in areas outside the City of Wauseon as follows: (use the back of this page or attach additional pages as needed).

City and State	Exact Date(s)	City and State	Exact Date(s)

Weekends out of town are NOT to be included as days spent outside Wauseon. Vacations, holidays, and sick days are NOT to be counted as days spent outside Wauseon.

Total number of days spent out of town from above _____= _____ % of time spent out of town
Total number of work days in the year (52 x 5) 260

_____ _____ _____ _____
Signature of Applicant | Social Security No. | Applicant's Phone No. | Date

_____ _____ _____
Present Mailing Address | City, State | Zip

Note: If you live in a municipality with an income tax, the tax office there will be notified of your refund.

I hereby assign and transfer my rights, 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
DO NOT SIGN THIS BOX IF YOU WANT THE REFUND PAID TO YOU!!

Employer's Statement
To: Tax Commissioner, City of Wauseon
230 Clinton St
Wauseon, OH 43567

Under penalties of perjury, the undersigned employer states that the above employee was employed by him during the period _____, 20_____, through _____, 20_____, that $_____ was withheld as Wauseon Income Tax from earnings paid said employee during that period; that he has examined this claim for a refund of $_____, including any accompanying schedules and statements and that, to the best of his knowledge and belief, this refund claim is true and correct; that the earnings claimed above were earned outside the corporate limits of the City of Wauseon, and that no portion of said tax has been or will be refunded to said employee by this employer. ALL OF THE INFORMATION IN THIS SECTION IS REQUIRED FOR PROCESSING.

_____ _____ _____
Date | Print/Type Employee Name | Name of Employer

Certifier:

_____ _____ _____ _____
Signature of authorized agent | Title | Print/Type Certifier's Name | Certifier's Phone Number