FORM NRR REV 3-2014

Do not use highlighter on this form or its attachments

W-2 MUST BE ATTACHED

TAX YEAR _____

CLAIM FROM NON-RESIDENT OF TOLEDO
FOR **TAX WITHHELD BY EMPLOYER** ON WAGES EARNED OUTSIDE TOLEDO

During the period _____, _____ thru _____, _____, I was employed by _____ which employer compensated me in the amount of $ _____ and withheld from such compensation Toledo Income Tax in the amount of $ _____. During this period my legal residence was outside the City of Toledo as follows:

_____

Street City, Village or Township State Zip

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

THIS SECTION MUST BE COMPLETED IN DETAIL

EXACT DATE(S)	TWP/VILLAGE CITY/STATE	BUSINESS PURPOSE	EXACT DATE(S)	TWP/VILLAGE CITY/STATE	BUSINESS PURPOSE

Weekend days are NOT included as days worked outside Toledo 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 Toledo unless you have a separate letter from your employer stating that the employer does not provide you an office, and that you work at home for the convenience of your employer. If you spent 12 or more days in an Ohio City, attach a copy of tax return filed with that city. **Vacations, holidays, and sick days are not to be included as days worked outside Toledo.**

Total No. of days worked outside Toledo from above _____ = _____ = % of time worked outside of Toledo.

Total No. of work days in the year (52 X 5) 260

_____ _____(_____)_____

Signature of Employee Date Printed Name of Employee Phone Number

_____ _____

Social Security Number Present mailing address if different

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.

***SIGN THIS BOX ONLY TO TRANSFER YOUR REFUND TO YOUR CITY OF RESIDENCE**

_____

SIGNATURE AUTHORIZING TRANSFER

STATEMENT OF EMPLOYER (Required)

TO: Commissioner of Taxation and Treasury
One Government Center, #2070
Toledo, OH 43604-2280 Attention: Refund

Under penalties of perjury, the undersigned employer representative states that the above employee was employed during the period _____, _____, thru _____, _____, that $ _____ was withheld as Toledo Income Tax from earnings paid said employee during that period; that **the employer representative has examined this claim for refund** of $ **_____ including accompanying schedules and statements 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 Toledo** and that 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 # of Certifying Agent

PREPARED BY: _____///_____

Print or Type Preparer's Name Print or Type Name of Certifying Agent