

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

During the period \_\_\_\_\_, \_\_\_\_\_ thru \_\_\_\_\_, \_\_\_\_\_, I was employed by \_\_\_\_\_  
 which employer compensated me in the amount of \$ \_\_\_\_\_ and withheld from such compensation Troy Township JEDD  
 Income Tax in the amount of \$ \_\_\_\_\_. During this period my legal residence was outside the JEDD 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 Troy Township JEDD as follows: (Use an attached sheet if necessary).

**\*THIS SECTION MUST BE COMPLETED IN DETAIL\***

<u>EXACT DATE(S)</u>	<u>TWP/VILLAGE CITY/STATE</u>	<u>BUSINESS PURPOSE</u>	<u>EXACT DATE(S)</u>	<u>TWP/VILLAGE CITY/STATE</u>	<u>BUSINESS PURPOSE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Weekend days are NOT included as days worked outside Troy Township JEDD 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 the JEDD 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 Troy Township JEDD.**

Total No. of days worked outside the JEDD from above \_\_\_\_\_ = \_\_\_\_\_ = % of time worked outside of the JEDD.

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 JEDD 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 Troy Township JEDD** 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