Do not use highlighter on this form or its attachments

FORM NRR REV 8-2005 ***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. **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

_____ _____
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