

INCOME TAX DEPARTMENT

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Non-resident and Part-year Resident Employee Refund Form
Form updated for use in 2021 tax year and thereafter. This form must be submitted with the W-2 in question and with a signed original Findlay Income Tax Return available at www.findlayohio.gov.

First name, middle name, and last name		Social Security number	Year
Current residence address	City	State	Zip
Is your residence address outside the Findlay cit Did you reside at the above address for the entir If you answered no, please provide your previous	e period you worked for the		
Previous residence address	City	State	Zip
/		date you moved from the previous address	ss
Employer			Salaried? or Hourly?
/	The date y		oplicable
Enter the total number of days you worked for Pursuant to the Ohio Revised Code, principal place of wo Employer withholding exceptions are defined under the Co	ork is defined under Section 718	3.011(A)(7).	days
My employer has not refunded any withheld to Circle true or false. If false, additional documents			ıe False
3. Divide line 1 by 260 (typical number of working of request is a leap year) and enter the percer principal place of work in the year on line 3. (L (If you did not work for this employer for the entire year, d for this particular employer to find the percentage to enter the calculation on line 4 and use 100% on line 6a of your the calculation of the percentage to enter the calculation of the percentage to the percentag	ine 1 ÷ 260 days (261 days vivide line 1 by the total number on line 3. If the percentage equ	at your if leap year)) of days worked als 100% on line 3, skip	0/
 Subtract the percentage listed on line 3 from worked outside of your principal place of work line 6a on the front of the Findlay Income Tax 	in the year. Forward this		% line 6a %
I certify that the information shown on this statement is true, correct, and complete.	Employee's signature	Phone	Date
This calculation appears to be a fair & reasonable representation of the non-resident employee's time worked outside of the Findlay city limits.	p.oyoo o o.griataro	THOR	Date
the second secon	Immediate supervisor's signature	Phone	Date