



NON-RESIDENT EMPLOYEE REFUND APPLICATION

During the year _____, my employment with _____ located in the City of Massillon, required me to perform services both inside and outside the corporate boundaries of the City as follows:

Total Days Paid 52 Weeks @ 5 Days per Week or 260 Working Days:
(Or dates of employment – beginning _____ thru _____)

Working Days Outside Massillon _____ **To be refunded**
(COMPLETE THE ITINERARY FORM IN DETAIL. Make extra copies of itinerary if more lines are needed. Do not include vacation, sick, holiday, weekends or other paid non-working days.)

Working Days in Massillon _____ **Taxable**

Massillon Tax Withheld from W-2

Attach copy W-2

Under penalties of perjury I hereby certify that the information provided herein is true, correct and complete to the best of my knowledge and belief.

Employee's Signature

Date

Print Employees Name

Social Security Number

Employee's Home Address

Daytime Phone Number

Employee's City of Residence

We will calculate and issue a refund based on the information provided.

COMPLETED ITINERARY FORM WITH EMPLOYER VERIFICATION FOR DAYS WORKED OUT OF MASSILLON MUST BE INCLUDED

INCOME TAX RETURNS FILED WITH OTHER CITIES TO WHICH TAX WAS PAID TO MUST BE INCLUDED

**PROOF OF NON-RESIDENT MUST BE INCLUDED
(Copy of driver's license, utility bill, etc.)**

Payment will be made within 90 days of receipt of the completed refund request or Completed employer annual withholding return, whichever is later.

You must attach copies of W-2's showing Massillon wages and Massillon income taxes withheld.
No taxes less than \$10.00 will be refunded.

ITINERARY FOR DAYS WORKED OUT OF MASSILLON

Do NOT Include Vacation, Sick, Holiday, Weekends, or Other Paid Non-Working Days.

Dates (From -To)	Location - City & State	Purpose of Trip	Number of Days
TOTALS NO OF DAYS WORKED OUT OF MASSILLON			*

Based on 52 Weeks @ 5 Days per Week or 260 Working Days

Sum #1 - Total Number of Days Worked out of Massillon* ____ Divided by 260 Total Working Days**
 Sum #2 - Total of Sum #1** ____ X \$ _____ Massillon City Tax Withheld and Remitted by Employer\$ _____ this sum is refund due after calculation and verification of information provided to the Massillon City Income Tax Department. No taxes less than \$10.00 will be refunded.

EMPLOYER'S VERIFICATION: Under penalties of perjury, I, the undersigned, state that I have examined this claim for refund, and agree that the information being provided to the City of Massillon Income Tax Department by the employee is accurate, true and correct. The days worked outside of Massillon, shown on this itinerary, do not include vacation, sick, holiday, weekends, or other paid non-working days. I certify that I have documentation that supports the information provided and that such documentation is retained and available for audit.

Employer's/Managers Signature _____ Date _____

Printed Name _____ Title _____ Phone _____