

# REFUND APPLICATION

## with Calendar

### For Days Worked Out of Warren

Amt. Refund _____
Check No. _____
Mailed _____
Approved By _____
Acct. No. _____

During the year \_\_\_\_\_, my employment with \_\_\_\_\_ located or based in the City of Warren, 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 \_\_\_\_\_ through \_\_\_\_\_).

**Working Days Outside Warren** \_\_\_\_\_ **To Be Refunded**  
 (COMPLETE THE ITINERARY IN DETAIL. Make extra copies of the itinerary if more lines are needed.  
 Do not include vacation, sick, holiday, weekends or other paid non-working days.)

**Working Days in Warren** \_\_\_\_\_ **Taxable**

**Warren Tax Withheld from W-2** \_\_\_\_\_ **Attach copy of 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 Employee's Name

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Employee's Home Address

\_\_\_\_\_  
 Daytime Phone Number

\_\_\_\_\_  
 Employee's City of Residence

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### EMPLOYER'S VERIFICATION

Under penalties of perjury I the undersigned state that I have examined this claim for refund, including the accompanying itinerary, and to the best of my knowledge and belief, this refund claim is true and correct. The days outside of Warren so indicated reflect actual working days and do not include vacation, sick, holiday, weekends or other paid non-working days. No portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the City of Warren, Ohio.

\_\_\_\_\_  
 Employer's / Manager's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Employer's / Manager's Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Employer's / Manager's Phone Number and Extension

Forms are available at [www.warren.org](http://www.warren.org)  
 or by calling (330) 841 - 2551