

CLAIM FROM NON-RESIDENT OF OREGON
TAX WITHHELD BY EMPLOYER ON WAGES EARNED OUTSIDE OREGON

During the period _____, 20____, through _____, 20____, I was employed by _____ which employer compensated me in the amount of \$_____ and withheld from such compensation Oregon Income Tax in the amount of \$_____. During this period my legal residence was outside the City of Oregon as follows:

Street	City, Village or Township	State and Zip Code
_____	_____	_____

During the above period I performed work as a _____ on behalf of my employer in areas outside the City of Oregon as follows: (Use reverse side if necessary)

THIS SECTION MUST BE COMPLETED IN DETAIL

CITY AND STATE	EXACT DATE (S)	CITY AND STATE	EXACT DATE (S)
_____	_____	_____	_____
_____	_____	_____	_____

Weekends spent out of town are NOT to be included as days worked outside Oregon if the employee's salary is based on a 40 hour Monday - Friday workweek. Vacations, holidays, or sick days are not to be included as days worked outside of Oregon.

Total no. of days worked outside Oregon from above _____ = _____% of time worked outside.
260

Signature of Employee Date

Social Security Number Present Mailing Address if Different From Above

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.

TO BE COMPLETED ONLY IF EMPLOYEE IS A RESIDENT OF A MUNICIPALITY WITH A TAX. _____
Signature of Employee

STATEMENT OF EMPLOYER

To: Commissioner of Taxation
City of Oregon, 5330 Seaman Rd. Oregon, OH 43616

Under penalties of perjury, the undersigned employer states that the above employee was employed during the period _____, 20____, through _____, 20____ that \$_____ was withheld as Oregon Income Tax from earnings paid said employee during that period; that employer has examined this claim for refund of \$_____ including accompanying schedule statements and that to the best of the employer's knowledge and belief this refund is correct; that the earnings claimed above were earned outside the corporate limits of the City of Oregon, and that no portion of said tax has been or will be refunded to said employee by this employer.

Name of Employer Date CERTIFIED BY: _____
Authorized Representative

PREPARED BY: _____
Print or Type Employee's Name

Contact Number: _____
(Employee) Contact Number: _____
(Employer)