

CITY OF MAUMEE, OHIO - INCOME TAX DIVISION

400 Conant St., Maumee OH 43537-3300

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Claim for Refund of Tax Withheld on Wages Earned Outside of Maumee by a Non-Resident of Maumee FORM MNRR

TAXPAYER'S NAME: _____ NON RESIDENT REFUND FOR YEAR _____
Non-Resident of Maumee

Taxpayer's Statement -- W-2 MUST BE ATTACHED

During the period _____, 20____, through _____, 20____, I was employed by _____ Employer's Name
working as a _____ Job Position. My employer compensated me in the amount of \$ _____ and
withheld from such compensation Maumee income taxes in the amount of \$ _____ during this time my legal
residence was outside the City of Maumee as follows:

_____ Street Address Check One: City Village Township State Zip Code

During the above period, I performed work on behalf of my employer in areas outside of the City of Maumee as follows: (use
the back of this page or attach additional pages as needed). THIS SECTION MUST BE COMPLETED IN DETAIL IN THE
FORMAT DESCRIBED BELOW. If you do not know whether you worked in a township or municipality, the county
auditor can provide that information.

Table with 4 columns: City/Village/Twp, State (All info req'd), Exact Date(s), City/Village/Twp, State (All info req'd), Exact Date(s)

Weekends spent out of town are NOT to be included as days spent outside of Maumee if your salary is based on a 40 hour Mon-Fri
workweek. Vacations, holidays and sick days are NOT counted as days outside of Maumee. If part day, indicate number of hours
spent out.

Calculate % of Time Outside of Maumee:

Total number of days worked out of Maumee from above _____ = _____% of time spent
Total number of work days in a the year (52 weeks x 5 days/week) 260 out of Maumee

Taxpayer: Signature Date Social Security Number Phone No. email address
Taxpayer: Present Mailing Address City, State Zip Code

ASSIGNMENT OF MY REFUND TO BE PAID TO MY CITY OF RESIDENCE

I hereby assign and transfer my rights, title and interest in this refund to my city of residence and authorize my city of resident to accept this refund on
my behalf.

DO NOT SIGN THIS BOX IF YOU WANT
THE REFUND PAID DIRECTLY TO YOU.

Signature of Taxpayer - By signing this, your refund check will be paid and mailed to
your city of residence tax office

STATEMENT OF EMPLOYER

To: City of Maumee -- Tax Commissioner
400 Conant St., Maumee, OH 43537

Under penalties of perjury, the undersigned employer states that the above employee was employed for the period _____, 20____,
through _____, 20____; that \$ _____ was withheld as Maumee Income Tax from earnings paid said employee during
that period; that you have examined this claim for a refund of \$ _____, including any accompany schedules and statements and
that, to the best of your knowledge and belief, this refund claim is true and correct; that the earnings claimed above were earned
outside the corporate limits of the City of Maumee, and that no portion of said tax has been or will be refunded to said employee by his
employer. ALL INFORMATION IN THIS SECTION IS REQUIRED FOR PROCESSING.

Name of Employer Print/Type Employee's Name Preparer's name (if other than Auth Rep)
Certified by: Signature of Authorized Representative Date Print Authorized Rep Name and Title Authorized Rep Phone No.