



CITY OF VAN WERT

INCOME TAX DEPARTMENT
515 E MAIN ST • VAN WERT, OH • 45891

2024 NON-RESIDENT REFUND RETURN

Name: _____ Social Security Number: _____
Address: _____ Prior Address (if changed during tax year): _____
City/State/Zip: _____ Occupation: _____
E-mail: _____ Phone: _____
Employer: _____ Dates of employment: _____

Refunds are allowed only when city income tax has actually been paid to or withheld for the City of Van Wert. Refunds of tax paid by the taxpayer (not withheld by an employer) may be requested by submitting the City of Van Wert Individual Income Tax Return. Requests for refunds of tax withheld must be submitted as outlined below. In all cases, information may be requested by our office. Incomplete refund requests will be returned to the taxpayer and must be refiled with complete information and documentation. Failure to remit all documentation, including schedules, other municipal income tax returns, or other supporting documentation necessary to verify pertinent factors on the return will cause delay in processing, and/or disallowance of the refund. Refunds of \$10 or under will not be issued.

Please note that no refunds will be issued until your employer's Withholding Reconciliation is filed. Also, refunds issued will be reported to the municipality of residence (if applicable). **Please allow up to 90 days for processing.**

INSTRUCTIONS

Please note: Your refund request must be made within 3 years from the date on which such payment was made or the return was due. A Separate return must be submitted for each year requesting a refund.

A. Days works outside the City of Van Wert

Non-residents may receive a refund for full days worked outside the City of Van Wert when the employer is located in Van Wert. **Please note that no refund is allowed for holidays, sick days, vacations, severance pay, or supplemental pay days or the equivalent of such days.** This type of pay is the direct result of your employment with the company and those days cannot be subtracted from total working days in determining the number of days worked outside the City of Van Wert. The 262 days available in Section A below already takes into account weekend days. **Weekend days are not eligible for a refund. Partial days are only eligible for a refund if the preponderance of the day is worked outside of Van Wert (all travel time is allocated to Van Wert).** If the days worked are in another Ohio municipality, a return must be filed and taxes paid to that municipality (please attach return(s)).

To request a refund due to days worked outside of the City of Van Wert, the following must be submitted:

1. Non-Resident Refund Return with sections A, B, C, and D completed – Section D must be signed by the employer(s).
2. W-2(s)
3. Itinerary of days worked inside and outside the City of Van Wert (each page must be initialed by employer)
4. Copy of return filed with another Ohio municipality (if applicable)

B. Other

To request a refund of Van Wert tax over withheld for any reason, the following must be submitted:

1. Non-Resident Refund Return with sections C and D completed – Section D must be signed by the employer(s)
2. W-2(s)

DAYS AVAILABLE COMPUTATION

Section A

Total Days Available 262
 Less: Full Weekdays Worked Out of Town _____
 = Total Days on Job in City of Van Wert (A) _____
 Days in Van Wert (A) _____ ÷ 262 = (B) _____ % of Days on Job in Van Wert (round to 2 decimal places)

WAGES ON WHICH CITY INCOME TAX IS TO BE PAID

Section B

Computation: \$ _____ X (B) _____ % = \$ _____
 Total Gross Wages **% of Days on job in Van Wert** **Taxable Income**
 From W-2 **from Section A of this form**

Net Tax Due (Taxable Income x 1.72%) \$ _____
 Income Tax Withheld for Van Wert from W-2 \$ _____
 Refund Due (No refund for \$10 or less) \$ _____

BASIS for REFUND (Give brief explanation and include job title/description)

Section C

I authorize the City of Van Wert to communicate with me via the e-mail address provided on the front of this tax form and to furnish the Tax Administrator for my city of residence or employment a copy of the refund return.

The undersigned declares that all information given is true and complete to the best of his/her knowledge and belief, and that a refund has not previously been claimed or received by him/her for the period covered by this claim.

Signed: _____ Date: _____

EMPLOYER’S CERTIFICATION (To be completed by employer)

Section D

The above employee has claimed a refund of Van Wert City withholding tax for the reason(s) listed above in Section C. Your completion of Section D and your signature below verifies the following:

1. The employee’s claim for a refund of Van Wert City tax is based upon your knowledge of the employee’s records and/or your knowledge of the employee’s work location in Van Wert.
2. The information used by the employee to calculate the refund is correct based upon actual withholding records or upon facts determined to be reasonably accurate by you.
3. Your knowledge that no portion of said tax has been or will be refunded directly to the employee by your company’s payroll, and no adjustments to your withholding account with the City of Van Wert has been or will be made for said tax.

Comments:

Employer: _____

FEIN: _____

Signed: _____

Title: _____

Date: _____

Phone: _____

E-Mail: _____

ITINERARY OF WORK DAYS FOR 2024

The following must be completed in order to receive a Non-Resident Refund from the City of Van Wert.

Please circle the appropriate letter(s) below for each day of 2024. Weekend days are not included.

WOL = Worked Other Location

VW = Worked at Van Wert Employer Location

V = Vacation Day

H = Holiday

S = Sick Day

P = Personal Day

DATE:	WORK DAY CODE:	LOCATION & PURPOSE OF WORK (If NOT in the City of Van Wert)	Ohio Municipal Return Attached
1-1-24	WOL VW V H S P		
1-2-24	WOL VW V H S P		
1-3-24	WOL VW V H S P		
1-4-24	WOL VW V H S P		
1-5-24	WOL VW V H S P		
1-8-24	WOL VW V H S P		
1-9-24	WOL VW V H S P		
1-10-24	WOL VW V H S P		
1-11-24	WOL VW V H S P		
1-12-24	WOL VW V H S P		
1-15-24	WOL VW V H S P		
1-16-24	WOL VW V H S P		
1-17-24	WOL VW V H S P		
1-18-24	WOL VW V H S P		
1-19-24	WOL VW V H S P		
1-22-24	WOL VW V H S P		
1-23-24	WOL VW V H S P		
1-24-24	WOL VW V H S P		
1-25-24	WOL VW V H S P		
1-26-24	WOL VW V H S P		
1-29-24	WOL VW V H S P		
1-30-24	WOL VW V H S P		
1-31-24	WOL VW V H S P		
2-1-24	WOL VW V H S P		
2-2-24	WOL VW V H S P		
2-5-24	WOL VW V H S P		
2-6-24	WOL VW V H S P		
2-7-24	WOL VW V H S P		
2-8-24	WOL VW V H S P		
2-9-24	WOL VW V H S P		
2-12-24	WOL VW V H S P		
2-13-24	WOL VW V H S P		
2-14-24	WOL VW V H S P		
2-15-24	WOL VW V H S P		
2-16-24	WOL VW V H S P		
2-19-24	WOL VW V H S P		
2-20-24	WOL VW V H S P		
2-21-24	WOL VW V H S P		
2-22-24	WOL VW V H S P		
2-23-24	WOL VW V H S P		
2-26-24	WOL VW V H S P		
Subtotals			

Supervisor's Initials: _____

Date: _____

DATE:	WORK DAY CODE:	LOCATION & PURPOSE OF WORK (If NOT in the City of Van Wert)	Ohio Municipal Return Attached
2-27-24	WOL VW V H S P		
2-28-24	WOL VW V H S P		
2-29-24	WOL VW V H S P		
3-1-24	WOL VW V H S P		
3-4-24	WOL VW V H S P		
3-5-24	WOL VW V H S P		
3-6-24	WOL VW V H S P		
3-7-24	WOL VW V H S P		
3-8-24	WOL VW V H S P		
3-11-24	WOL VW V H S P		
3-12-24	WOL VW V H S P		
3-13-24	WOL VW V H S P		
3-14-24	WOL VW V H S P		
3-15-24	WOL VW V H S P		
3-18-24	WOL VW V H S P		
3-19-24	WOL VW V H S P		
3-20-24	WOL VW V H S P		
3-21-24	WOL VW V H S P		
3-22-24	WOL VW V H S P		
3-25-24	WOL VW V H S P		
3-26-24	WOL VW V H S P		
3-27-24	WOL VW V H S P		
3-28-24	WOL VW V H S P		
3-29-24	WOL VW V H S P		
4-1-24	WOL VW V H S P		
4-2-24	WOL VW V H S P		
4-3-24	WOL VW V H S P		
4-4-24	WOL VW V H S P		
4-5-24	WOL VW V H S P		
4-8-24	WOL VW V H S P		
4-9-24	WOL VW V H S P		
4-10-24	WOL VW V H S P		
4-11-24	WOL VW V H S P		
4-12-24	WOL VW V H S P		
4-15-24	WOL VW V H S P		
4-16-24	WOL VW V H S P		
4-17-24	WOL VW V H S P		
4-18-24	WOL VW V H S P		
4-19-24	WOL VW V H S P		
4-22-24	WOL VW V H S P		
4-23-24	WOL VW V H S P		
4-24-24	WOL VW V H S P		
4-25-24	WOL VW V H S P		
4-26-24	WOL VW V H S P		
4-29-24	WOL VW V H S P		
4-30-24	WOL VW V H S P		
5-1-24	WOL VW V H S P		
Subtotals			

Supervisor's Initials: _____

Date: _____

DATE:	WORK DAY CODE:	LOCATION & PURPOSE OF WORK (If NOT in the City of Van Wert)	Ohio Municipal Return Attached
5-2-24	WOL VW V H S P		
5-3-24	WOL VW V H S P		
5-6-24	WOL VW V H S P		
5-7-24	WOL VW V H S P		
5-8-24	WOL VW V H S P		
5-9-24	WOL VW V H S P		
5-10-24	WOL VW V H S P		
5-13-24	WOL VW V H S P		
5-14-24	WOL VW V H S P		
5-15-24	WOL VW V H S P		
5-16-24	WOL VW V H S P		
5-17-24	WOL VW V H S P		
5-20-24	WOL VW V H S P		
5-21-24	WOL VW V H S P		
5-22-24	WOL VW V H S P		
5-23-24	WOL VW V H S P		
5-24-24	WOL VW V H S P		
5-27-24	WOL VW V H S P		
5-28-24	WOL VW V H S P		
5-29-24	WOL VW V H S P		
5-30-24	WOL VW V H S P		
5-31-24	WOL VW V H S P		
6-3-24	WOL VW V H S P		
6-4-24	WOL VW V H S P		
6-5-24	WOL VW V H S P		
6-6-24	WOL VW V H S P		
6-7-24	WOL VW V H S P		
6-10-24	WOL VW V H S P		
6-11-24	WOL VW V H S P		
6-12-24	WOL VW V H S P		
6-13-24	WOL VW V H S P		
6-14-24	WOL VW V H S P		
6-17-24	WOL VW V H S P		
6-18-24	WOL VW V H S P		
6-19-24	WOL VW V H S P		
6-20-24	WOL VW V H S P		
6-21-24	WOL VW V H S P		
6-24-24	WOL VW V H S P		
6-25-24	WOL VW V H S P		
6-26-24	WOL VW V H S P		
6-27-24	WOL VW V H S P		
6-28-24	WOL VW V H S P		
7-1-24	WOL VW V H S P		
7-2-24	WOL VW V H S P		
7-3-24	WOL VW V H S P		
7-4-24	WOL VW V H S P		
7-5-24	WOL VW V H S P		
Subtotals			

Supervisor's Initials: _____

Date: _____

DATE:	WORK DAY CODE:						LOCATION & PURPOSE OF WORK (If NOT in the City of Van Wert)	Ohio Municipal Return Attached
7-8-24	WOL	VW	V	H	S	P		
7-9-24	WOL	VW	V	H	S	P		
7-10-24	WOL	VW	V	H	S	P		
7-11-24	WOL	VW	V	H	S	P		
7-12-24	WOL	VW	V	H	S	P		
7-15-24	WOL	VW	V	H	S	P		
7-16-24	WOL	VW	V	H	S	P		
7-17-24	WOL	VW	V	H	S	P		
7-18-24	WOL	VW	V	H	S	P		
7-19-24	WOL	VW	V	H	S	P		
7-22-24	WOL	VW	V	H	S	P		
7-23-24	WOL	VW	V	H	S	P		
7-24-24	WOL	VW	V	H	S	P		
7-25-24	WOL	VW	V	H	S	P		
7-26-24	WOL	VW	V	H	S	P		
7-29-24	WOL	VW	V	H	S	P		
7-30-24	WOL	VW	V	H	S	P		
7-31-24	WOL	VW	V	H	S	P		
8-1-24	WOL	VW	V	H	S	P		
8-2-24	WOL	VW	V	H	S	P		
8-5-24	WOL	VW	V	H	S	P		
8-6-24	WOL	VW	V	H	S	P		
8-7-24	WOL	VW	V	H	S	P		
8-8-24	WOL	VW	V	H	S	P		
8-9-24	WOL	VW	V	H	S	P		
8-12-24	WOL	VW	V	H	S	P		
8-13-24	WOL	VW	V	H	S	P		
8-14-24	WOL	VW	V	H	S	P		
8-15-24	WOL	VW	V	H	S	P		
8-16-24	WOL	VW	V	H	S	P		
8-19-24	WOL	VW	V	H	S	P		
8-20-24	WOL	VW	V	H	S	P		
8-21-24	WOL	VW	V	H	S	P		
8-22-24	WOL	VW	V	H	S	P		
8-23-24	WOL	VW	V	H	S	P		
8-26-24	WOL	VW	V	H	S	P		
8-27-24	WOL	VW	V	H	S	P		
8-28-24	WOL	VW	V	H	S	P		
8-29-24	WOL	VW	V	H	S	P		
8-30-24	WOL	VW	V	H	S	P		
9-2-24	WOL	VW	V	H	S	P		
9-3-24	WOL	VW	V	H	S	P		
9-4-24	WOL	VW	V	H	S	P		
9-5-24	WOL	VW	V	H	S	P		
9-6-24	WOL	VW	V	H	S	P		
9-9-24	WOL	VW	V	H	S	P		
9-10-24	WOL	VW	V	H	S	P		
Subtotals								

Supervisor's Initials: _____

Date: _____

DATE:	WORK DAY CODE:	LOCATION & PURPOSE OF WORK (If NOT in the City of Van Wert)	Ohio Municipal Return Attached
9-11-24	WOL VW V H S P		
9-12-24	WOL VW V H S P		
9-13-24	WOL VW V H S P		
9-16-24	WOL VW V H S P		
9-17-24	WOL VW V H S P		
9-18-24	WOL VW V H S P		
9-19-24	WOL VW V H S P		
9-20-24	WOL VW V H S P		
9-23-24	WOL VW V H S P		
9-24-24	WOL VW V H S P		
9-25-24	WOL VW V H S P		
9-26-24	WOL VW V H S P		
9-27-24	WOL VW V H S P		
9-30-24	WOL VW V H S P		
10-1-24	WOL VW V H S P		
10-2-24	WOL VW V H S P		
10-3-24	WOL VW V H S P		
10-4-24	WOL VW V H S P		
10-7-24	WOL VW V H S P		
10-8-24	WOL VW V H S P		
10-9-24	WOL VW V H S P		
10-10-24	WOL VW V H S P		
10-11-24	WOL VW V H S P		
10-14-24	WOL VW V H S P		
10-15-24	WOL VW V H S P		
10-16-24	WOL VW V H S P		
10-17-24	WOL VW V H S P		
10-18-24	WOL VW V H S P		
10-21-24	WOL VW V H S P		
10-22-24	WOL VW V H S P		
10-23-24	WOL VW V H S P		
10-24-24	WOL VW V H S P		
10-25-24	WOL VW V H S P		
10-28-24	WOL VW V H S P		
10-29-24	WOL VW V H S P		
10-30-24	WOL VW V H S P		
10-31-24	WOL VW V H S P		
11-1-24	WOL VW V H S P		
11-4-24	WOL VW V H S P		
11-5-24	WOL VW V H S P		
11-6-24	WOL VW V H S P		
11-7-24	WOL VW V H S P		
11-8-24	WOL VW V H S P		
11-11-24	WOL VW V H S P		
11-12-24	WOL VW V H S P		
11-13-24	WOL VW V H S P		
11-14-24	WOL VW V H S P		
Subtotals			

Supervisor's Initials: _____

Date: _____

DATE:	WORK DAY CODE:	LOCATION & PURPOSE OF WORK (If NOT in the City of Van Wert)	Ohio Municipal Return Attached
11-15-24	WOL VW V H S P		
11-18-24	WOL VW V H S P		
11-19-24	WOL VW V H S P		
11-20-24	WOL VW V H S P		
11-21-24	WOL VW V H S P		
11-22-24	WOL VW V H S P		
11-25-24	WOL VW V H S P		
11-26-24	WOL VW V H S P		
11-27-24	WOL VW V H S P		
11-28-24	WOL VW V H S P		
11-29-24	WOL VW V H S P		
12-2-24	WOL VW V H S P		
12-3-24	WOL VW V H S P		
12-4-24	WOL VW V H S P		
12-5-24	WOL VW V H S P		
12-6-24	WOL VW V H S P		
12-9-24	WOL VW V H S P		
12-10-24	WOL VW V H S P		
12-11-24	WOL VW V H S P		
12-12-24	WOL VW V H S P		
12-13-24	WOL VW V H S P		
12-16-24	WOL VW V H S P		
12-17-24	WOL VW V H S P		
12-18-24	WOL VW V H S P		
12-19-24	WOL VW V H S P		
12-20-24	WOL VW V H S P		
12-23-24	WOL VW V H S P		
12-24-24	WOL VW V H S P		
12-25-24	WOL VW V H S P		
12-26-24	WOL VW V H S P		
12-27-24	WOL VW V H S P		
12-30-24	WOL VW V H S P		
12-31-24	WOL VW V H S P		
Subtotals			

Total days **WOL** (Worked from home, worked from other employer location, etc) in 2024: _____

Total days **VW** (Worked at Employer Location in the Van Wert City Limits) in 2024: _____

Total days **V** (Paid Vacations Days) in 2024: _____

Total days **H** (Paid Holidays – common holidays highlighted in yellow) in 2024: _____

Total days **S** (Paid Sick Days) in 2024: _____

Total days **P** (Paid Personal Days) in 2024: _____

Supervisor's Initials: _____

Date: _____