CITY OF KETTERING

DAYS WORKED OUTSIDE THE CITY OF KETTERING WORKSHEET

Name:____**Tax Year:**___________

Kettering Account Number:____

KEY: X = Day Worked Out of Kettering **V** = Vacation Day **S** = Sick Day **P** = Personal Day **H** = Holiday Day

Week Ending	S	M	T	W	TH	F	S	Total Days Worked Out of Kettering	Location

(continued)

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Name:_____**Tax Year:**_____

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KEY: X = Day Worked Out of Kettering **V** = Vacation Day **S** = Sick Day **P** = Personal Day **H** = Holiday Day

Week Ending	S	M	T	W	TH	F	S	Total Days Worked Out of Kettering	Location

Total Number of Days Worked Outside Kettering _____

REFUND CERTIFICATION

This certification is required to be completed for all refund claims related to days worked outside of Kettering or for tax withheld in excess of liability by the employer. Refunds will not be processed in the event that the below signatures are not provided in their entirety (including signatures, title, dates and phone numbers). Also, please note that the person applying for a refund cannot authorize their own refund.

Taxpayer's Signature

I declare that the information provided on this form is true and complete to the best of my knowledge, and that a refund has not previously been claimed or received by me for the period covered on this claim. I understand that this information will be released to my city of residence or city of employment.

_____	_____	_____
Taxpayer's Signature	Daytime Phone	Date

Employer's Certification

The undersigned employer representative states that during the tax year referenced in this claim, the employer withheld municipal income tax from the above named employee in excess of the employee's liability; that the employer has examined this claim for refund in its entirety including any accompanying travel schedules and statements; and that the employer representative can attest that the information reported on this claim is true and accurate.

In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

_____	_____	_____	_____
Employer Representative's Signature	Representative's Title	Daytime Phone	Date