



**Form NRR**  
 Non-Resident Refund Application  
 For Days Worked Outside of Stow or  
 Taxes Over-withheld by Employer

Name	Tax Year of Claim	
SSN	Phone Number	
Current home address (number and street)	Apt #	
City, state, and ZIP code		

<b>To avoid delays in your refund request, please return all forms and documentation to the following address or fax number:</b>
City of Stow Tax Department P.O. Box 1668 Stow, OH 44224 <b>Fax: 330-689-2847</b> <b>Phone: 330-689-2849</b>

**Part I Reason for Refund Claim**

Check the box that applies.

- A separate Form NRR is required if you have multiple W-2 forms.
  - No refunds will be issued without the proper documentation indicated by reason for claim.
- 1  **Days worked outside of Stow or at home in response to the COVID-19 pandemic** for which the employer withheld Stow tax. Attach a copy of your W-2 Form and complete both **Part II** - Calculation of Days Worked Outside of Stow and **Part IV** - Employer Certification. Your employer must sign the Employer Certification.
  - 2  **Days worked outside of Stow or at home due to historical nature of work or services performed** for which employer withheld Stow tax. Attach a copy of your W-2 Form and complete both **Part II** - Calculation of Days Worked Outside of Stow and **Part IV** - Employer Certification. Your employer must sign the Employer Certification. **DO NOT USE FOR COVID-19 RELATED REFUNDS.**
  - 3  **Employer over-withheld Stow tax OR withheld Stow tax by mistake.** Attach a copy of your W-2 Form and complete both **Part III** - Calculation of Overpayment and **Part IV** - Employer Certification. Your employer must sign the Employer Certification. **DO NOT USE FOR COVID-19 RELATED REFUNDS.**
  - 4  **Other (Indicate Reason).** Attach W-2 Form and other applicable documentation and complete **Part III** - Calculation of Overpayment and **Part IV** - Employer Certification. Your employer must sign the Employer Certification. **DO NOT USE FOR COVID-19 RELATED REFUNDS.**

Reason: \_\_\_\_\_

**Part V Claim Summary** - Submit one claim per form. Please complete a separate Form NRR if multiple employers exist.

1	Employer Name	1	Employer Federal ID #
2	Amount of over-withheld tax from Part II Line 10	2	
3	Amount of over-withheld tax from Part III Line 7	3	
4	Net amount to be refunded. Add Line 2 and Line 3. <b>Amounts \$10 or less will not be refunded.</b>	4	

**Taxpayer's Signature**

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that this information may be released to the tax administrator of my resident municipality and the Internal Revenue Service.

\_\_\_\_\_  
 Taxpayer's Signature

\_\_\_\_\_  
 Date



Name of employee shown on page 1	Employee SSN	Tax Year of Claim
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**Part III Calculation of Overpayment** - Complete for Refund Claim Reason #3 or #4

**A. Refund Calculation**

1	Total Wages from employee's W-2 Form (W-2 Box 5)	1		
2	Amount of Stow tax withheld (W-2 Box 19)		2	
3	List the complete address of the physical location where employee performed the work or services.	3	Work location street address	
			City, State, Zip Code	
4	Enter the amount of municipal taxable wages actually earned within Stow	4		
5	Stow tax rate	5	2.00%	
6	Tax due to Stow. Multiply Line 4 with Line 5			6
7	<b>Amount of over-withheld tax to be refunded.</b> Subtract Line 6 from Line 2. Amounts \$10 or less will not be refunded or credited. Enter total here and on Part V Line 3 on page 1.			7

**B. Employee's Home Address**

The employee's home address for the period covered by this claim was:

Employee's Home Street Address	City, State, Zip Code
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**C. Employee's Employment Dates**

If the employee is still employed, enter N/A as the date of separation.

Date of Hire	Date of Separation
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**Part IV Employer Certification**

**A. Employer Representative's Explanation of Reason for Refund and Signature**

The undersigned employer representative states that during the year referenced above, the employer withheld municipal income tax from the above named employee in excess of the employee's liability; that the above referenced employee was employed during the period referenced above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim with respect to time worked in Stow 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.

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Representative's Name

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

\_\_\_\_\_  
Explanation of Reason for Refund (example: taxpayer worked from home for X days")