

**MASSILLON INCOME TAX**

**REPORT OF NON-RESIDENT EMPLOYEE ALLOCATION OF WORK**

**This form should be used only if you are not a Massillon resident and are requesting a refund of taxes withheld for working in Massillon when a portion of your wages were earned outside of Massillon. PROOF OF RESIDENCY IS REQUIRED.**

**Taxpayer Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **For Tax Year** \_\_\_\_\_

**TOTAL HOURS WORKED:** \_\_\_\_\_

**HOURS WORKED OUTSIDE MASSILLON:** \_\_\_\_\_

**PERCENTAGE OF TIME WORKED OUTSIDE MASSILLON:** \_\_\_\_\_

**EMPLOYEE CERTIFICATION**

I certify I have examined this filing including all accompanying statements and documents, and declare under penalty of perjury, and other criminal sanctions, that it is true, correct and that the figures used herein are accurate. I specifically certify that 1.) the hours noted as representing work outside the City of Massillon was actually for the exclusive business purpose of the employer, 2.) that the employee was actually compensated by the employer for those hours, 3.) that those hours claimed do not include weekend days, leave for vacation, personal leave, sick time, compensatory time off, holidays, or any other hours not performing the work or rendering services of the employer, and 4.) those hours claimed do not include golf outings, meals, conventions, seminars, training and recreation or entertainment.

**Taxpayer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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\_\_\_\_\_  
**Signature of Authorized Payroll Officer of Employer** **Date**

\_\_\_\_\_  
**Printed Name and Title of Person Signing** **Telephone Number**