

CITY OF UPPER SANDUSKY

Employer Good Faith Certification

For Municipal Tax Work-at-Home Related Refunds

Part A: To be Completed by the Employee

Employee Name:	Social Security Number:	Tax year:
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Employee's Office Location		
Employer's Name		
Office Street Address		
City	State	Zip

Complete the table below using as many lines as necessary. For example, if you worked one day a week at the office on average from 1/1/23 through 4/30/23 and then 2 days a week on average from 5/1/23 through 12/31/23 you would use 2 lines.

Begin Date	Ending Date	Good Faith Estimate of Average Number of Days per Week Spend Working in the Office

Part B: To be Completed by the Employee's Immediate Supervisor

The undersigned employer representative was the immediate supervisor of the employee shown above and certifies that, to the best of his or her knowledge and belief, that the table above completed by the employee is a good faith estimate of the average hours per week the employee worked in the office for the periods shown.

Supervisor's Signature	Supervisor's Title	Date
Print Supervisor's Name	Supervisor's Phone Number	