

INDIVIDUAL REFUND FORM ~ YEAR _____

1. Applicant's name _____ 2. Soc. Sec. No. _____
3. Current Address _____ City _____
State _____ Zip Code _____ Phone _____
4. Were you ever a resident of the Municipality from which refund is requested? _____ If yes, give dates:
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THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF INCOME TAX

FROM THE MUNICIPALITY OF _____, OHIO.

5. For tax year of _____ (one year per form) 6. In the amount of \$ _____
7. While employed by _____
8. Complete address of work location _____
9. For the period of (dates) _____
10. Resident address for this period _____
11. Reason for request (explain fully) _____
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AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM/HER.

Sworn to and subscribed before me this

_____ Day of _____, _____

Signature Taxpayer Claiming Refund

Signature Officer Administering Oath

Title

CERTIFICATION OF EMPLOYER

I hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that during said period \$ _____ was withheld from the earnings paid said employee; that the total amount of \$ _____ was withheld for the year _____; that said employee was not, during the period claimed above, working inside corporate limits of the Municipality of _____, Ohio and that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the Municipality of _____, Ohio.

(Name of Employer)

By: _____

Date _____

(Title)