INDIVIDUAL REFUND REQUEST

Applicant Information

Name	
SSN	
Mailing Address	
Phone Number	
Have you ever been a resident of the City of Struthers?	Yes ◯ No ◉
If you answered yes, please provide dates	Moved In: _____ Moved Out: _____

Refund Request Information

I am requesting a refund in the amount of $ _____ for the tax year 20__
I was employed by: _____
Whose address is: _____
From the period of __/__/20__ to __/__/20__
I lived at: _____
during this time.
The reason for my request is:
_____
_____
_____
_____

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 the total amount of $_____ was withheld from the earnings paid to said employee for the year: 20___. Furthermore, the said employee was not working inside the corporate limits of the City of Struthers, Ohio and that no portion of said tax withheld has been previously nor will be refunded to said employee, and that no adjustment has been or will be made in remitting taxes withheld to the City of Struthers.

_____ By: _____
Name of Employer Signature

_____
Date: _____ Title