

Please read the instructions on the back of this form before completing.

1. Applicant's name _____ 2. Soc. Sec. No. _____

3. Current Address _____ City _____

State _____ Zip Code _____ Phone No. _____

4. Were you ever a resident of the Municipality from which refund is being requested? _____ If yes, please give dates _____

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF INCOME TAX FROM THE

MUNICIPALITY OF _____, OHIO

5. For tax year of _____ (one 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 for refund (explain fully) _____

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM/HER.

Sworn to and subscribed before me this

_____ day of _____, _____

Signature Officer Administering Oath

Signature Taxpayer Claiming Refund

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)