

# **INDIVIDUAL REFUND FORM ~ YEAR \_\_\_\_\_**

**PLEASE READ THE INSTRUCTIONS ON BACK BEFORE COMPLETING.**

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) \_\_\_\_\_
- 

## **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

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## **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)

# **INSTRUCTIONS FOR REFUND FORM**

## **READ BEFORE COMPLETING OTHER SIDE OF FORM**

In lieu of their own municipal refund form, the Municipalities of Alliance, Canfield, Carrollton, Columbiana, Geneva, Hubbard, Jefferson, Leetonia, Lisbon, Lordstown, Lowellville, Malvern, Middlefield, Newton Falls, Niles, Orwell, Salem, Sebring, Struthers, Warren and Windham will also accept this refund form. If you have questions concerning this form, contact the Income Tax Department of the Municipality from which the refund is being requested. To request a refund from the Municipality of East Palestine please go to [www.ritaohio.com](http://www.ritaohio.com).

**This form is for a nonresident who performs no service within the corporate limits of the Municipality from which the employer erroneously withheld the tax.**

**Refunds will not be issued during the same year as the tax was erroneously withheld.**

### **IF ALL INSTRUCTIONS ARE NOT FOLLOWED THE REFUND WILL NOT BE APPROVED AND CLAIM FORM WILL BE RETURNED.**

#### **A. THE FIRST SECTION OF THIS FORM IS TO BE COMPLETED BY THE TAXPAYER WHO IS REQUESTING THE REFUND.**

1. Fill in name of Municipality from which refund is being requested.
2. Fill in year for which claim is being filed.
3. Attach W-2 form (copy acceptable) and any substantiating information and forms.
4. Print applicant's name.
5. Social Security Number.
6. Present address including street number, name of street, city, state, and zip code.
7. Current phone number including area code.
8. Advise if you were ever a resident of the Municipality from which the refund is being requested. If yes, give dates of residency.
9. Tax year for which refund is requested (one calendar year per form).
10. Amount of refund claimed.
11. Full name of employer during period for which refund is claimed.
12. Complete address of work location including street number, name of street, city, state and zip code.
13. State the period (give dates if necessary) for which this claim is made. A separate claim form must be filed for each calendar year.
14. Resident address for period of time covered by this claim (include street number, name of street, city, state and zip code).
15. Explain fully and concisely why this Municipal income tax should be refunded. Attach any pertinent information or explanations if space provided is not sufficient.

**IMPORTANT:** If under 18 please give date of birth. Additional proof of age may be required.

#### **B. NOTARIZE.**

This claim must set forth in detail and under oath each ground upon which it is made, and facts sufficient to apprise the Income Tax Division of the exact basis thereof.

#### **C. EMPLOYER CERTIFICATION.**

Employer or authorized officer or Agent must complete certification of employer.