

CLAIM FOR REFUND

This form can cover one calendar year and one employer only. A copy of form W-2 showing Pickerington City tax withheld must be attached. Additionally, if claimant is under 18, a copy of birth certificate or driver's license must be attached.

NAME OF APPLICANT: _____
LAST NAME FIRST NAME MIDDLE

PRESENT ADDRESS: _____

SOCIAL SECURITY NO.: _____

CITY OF EMPLOYMENT: _____

REFUND IN THE AMOUNT OF \$ _____

WHILE IN THE EMPLOY OF: _____

FOR THE DATES FROM: _____ TO: _____

RESIDENT ADDRESS FOR THESE DATES: _____

REASON (EXPLAIN FULLY OR ATTACH WORK SCHEDULE/LOCATIONS): _____

CLAIMANT FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM/HER.
TAXPAYER ALSO UNDERSTANDS THIS INFORMATION MAY BE RELEASED TO THE TAX
ADMINISTRATION OF THE CITY OF RESIDENCE AND/OR THE IRS.

SIGNATURE: _____

DATE: _____ PHONE NUMBER: _____

CERTIFICATION OF EMPLOYER

I/We hereby certify that the above employee was employed by the undersigned during the period during which said employee makes claim for refund and that the total amount of \$ _____ was withheld for the year 20 _____; that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been made or will be made in remitting taxes withheld to the City.

NAME OF EMPLOYER _____

SIGNATURE OF OFFICER _____

DATE: _____ FID#: _____ TITLE: _____ PHONE: _____

NOTICE:

- This refund may result in an amendment to Federal, State, or other city tax returns
- Refunds of \$10.00 or more are reported to the IRS
- Please allow up to 90 days for processing of your refund request