

CLAIM FOR REFUND

This form can cover one calendar year and one employer only. "Copy 2 (local)" of form W-2 must be attached. If claimant is under 18, a copy of birth certificate or driver's license must be attached.

1. NAME OF APPLICANT _____
LAST NAME FIRST NAME MIDDLE
2. PRESENT ADDRESS _____
STREET & NUMBER CITY & STATE ZIP
3. SOCIAL SECURITY NO. _____ CITY OF EMPLOYMENT _____
4. WITHHOLDING ACCOUNT NO. _____
5. REFUND IS IN THE AMOUNT OF \$ _____
6. WHILE IN THE EMPLOY OF _____
7. FOR THE PERIOD (DATES): FROM: _____ TO: _____
8. RESIDENT ADDRESS FOR THIS PERIOD _____
STREET & NUMBER CITY & STATE ZIP
9. REASON (explain fully and attach a schedule of date(s) and location(s) worked at): _____

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 THE I.R.S.

DATE: _____ SIGNED: _____ PHONE: _____

CERTIFICATION OF EMPLOYER

I/We hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that the total amount of \$ _____ was withheld for the year 19 _____; 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 City.

By: _____
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 I.R.S.
 - Please allow 90 days for processing of your refund request.