City of Marysville, Income Tax Division
PO Box 385, Marysville, OH 43040-0385
Tel: (937) 645-7350
Fax: (937) 645-7353
Email: incometax@marysvilleohio.org
www.marysvilleohio.org

TAX REFUND REQUEST FOR INDIVIDUALS UNDER AGE 18

TAX YEAR _____

Please print

Name:_____

Account or Social Security No.:_____

Date of Birth:_____

Present Address:_____

City, State and Zip Code:_____

Telephone No.:_____ E-mail address:_____

Total Marysville Tax Withheld $_____

Refund Amount Requested $_____

Company/Employer Name:_____

City Where Worked:_____

PROOF OF BIRTH MUST ACCOMPANY THIS REQUEST FOR A REFUND. PROOF SHOULD BE A LEGIBLE COPY OF BIRTH CERTIFICATE OR DRIVER'S LICENSE.

W-2 FORM MUST BE ATTACHED (Showing Marysville Withholding).

Under penalties of perjury I hereby certify that the information provided herein is true, correct and complete to the best of my knowledge and belief.

_____ _____

Signature Date

NOTICE: PLEASE ALLOW 90 DAYS FOR PROCESSING OF YOUR REFUND REQUEST.