

CITY OF CENTERVILLE INCOME TAX DEPARTMENT
REFUND REQUEST FORM
TAX YEAR _____

FILE WITH: City of Centerville Income Tax Department, 100 W. Spring Valley Rd., Centerville, OH
45458, Phone (937) 433-7151 FAX (937) 433-0310

PART I – TO BE COMPLETED BY CLAIMANT

NAME AND ADDRESS _____

SOCIAL SECURITY NUMBER _____

AMOUNT OF CLAIM \$ _____

ADDRESS DURING PERIOD OF CLAIM _____

EMPLOYER'S NAME AND LOCATION _____

REASON FOR REFUND _____

(Must furnish proof of age if under 18)

Computation and overpayment:

- | | | |
|--|----------|----------|
| 1. Income earned | \$ _____ | |
| 2. Centerville tax withheld (ATTACH COPY OF W2) | | \$ _____ |
| 3. Earnings subject to Centerville tax | \$ _____ | |
| 4. Centerville tax –2.25% of line 3 | | \$ _____ |
| 5. Overpayment claimed-line 2 minus line 4 | | \$ _____ |

Basis for refund: Claimant must provide all pertinent information and facts on which claim is based. Use reverse side of form or separate attachment for proper information to further substantiate claim. If required to travel, provide list of dates worked outside of city and city where services were performed.

PART II – CLAIMANT'S CERTIFICATION

I certify that all facts and figures given are true and complete; a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the City of Centerville to, upon request, furnish my city of residence or employment with a copy of this refund request.

SIGNED: _____ DATE: _____
Claimant

Telephone Number: _____ Email Address: _____

PART III – EMPLOYER'S CERTIFICATION - (NOT REQUIRED IF CLAIMANT IS UNDER 18)

I certify that during the year _____, the above named employee's total salary was \$ _____ from which \$ _____ Centerville tax was withheld and remitted to the City of Centerville, Ohio. The employee's address for the period covered by the claim was _____. I certify that _____% of the employee's compensation was attributable to work done or services performed at (complete address) _____. I authorize the City of Centerville to, upon request, furnish the city of employee's residency or employment with a copy of this refund document. I certify that no portion or said tax has been or will be refunded directly to the employee, and that no adjustments to our withholding account with the City of Centerville have been or will be made for said tax.

SIGNED: _____ TITLE: _____ DATE: _____

PRINT NAME: _____ TELEPHONE: _____

EMAIL ADDRESS: _____