



CITY OF IRONTON INCOME TAX DEPARTMENT INCOME TAX REFUND APPLICATION

THIS FORM MUST COVER ONE CALENDAR YEAR AND ONLY ONE EMPLOYER

FOR TAX YEAR _____ AMOUNT OF REFUND _____

PLEASE PRINT OR TYPE
DO NOT USE INITIALS
ALL FORMS and/or W2s MUST BE ATTACHED

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYER: _____

ADDRESS: _____

DATES OF EMPLOYMENT: _____

IF YOU HAVE MOVED OUT OF THE CITY LIMITS, WHAT WAS YOUR
LAST DAY OF RESIDENCY? _____
(DOCUMENTATION VERIFICATION MUST BE ATTACHED)

I HEREBY CERTIFY THAT NO REFUND HAS BEEN ISSUED TO ME BY THIS DEPARTMENT OR MY EMPLOYER CONCERNING THIS CLAIM:

SIGNATURE _____

DATE: _____

| <u>REASON FOR REFUND REQUEST</u> | |
|---|----------------------------|
| <input type="checkbox"/> | MOVED OUTSIDE THE CITY |
| <input type="checkbox"/> | OVER WITHHELD BY EMPLOYER |
| <input type="checkbox"/> | OVERPAYMENT OF DECLARATION |
| <input type="checkbox"/> | EMPLOYER WITHHELD IN ERROR |
| <input type="checkbox"/> | REFUND OF CREDIT BALANCE |
| <input type="checkbox"/> | OTHER (EXPLAIN) |
| _____ | |
| _____ | |
| _____ | |

EMPLOYER REFUND REQUEST / CERTIFICATION

I/WE HEREBY CERTIFY THAT THE ABOVE NAMED EMPLOYEE WAS IN OUR EMPLOYMENT DURING THE ABOVE STATED TIME PERIOD AND THAT THE ABOVE NAMED EMPLOYEE WAS NOT EMPLOYED OR PERFORMING WORK WITHIN THE CITY LIMITS OF IRONTON, OHIO. IN ADDITION, I/WE CERTIFY THAT NO PORTION OF SAID CITY INCOME TAX WITHHELD FROM SAID EMPLOYEE HAS BEEN OR WILL BE REFUNDED TO SAID EMPLOYEE BY THE EMPLOYER AND THAT NO ADJUSTMENT HAS BEEN MADE IN REMITTING TAXES WITHHELD TO THE CITY.

NAME OF EMPLOYER

DATE

BY: _____

TITLE

