



City of Westerville, Income Tax Division
PO BOX 130
WESTERVILLE, OH 43086-0130
WWW.WESTERVILLE.ORG
(Tel No. 614/901-6420 - Fax No. 614/901-6820)

TAX REFUND REQUEST FOR UNDER 18

TAX YEAR _____

Please Print

NAME: _____ SOCIAL SECURITY: _____

PRESENT ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE NO. _____

TOTAL WESTERVILLE TAX WITHELD \$ _____

REFUND AMOUNT REQUESTED \$ _____ - Request must be greater than \$10.00

COMPANY'S NAME: _____

ADDRESS 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.

SIGNATURE: _____ DATE: _____

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