

Blendon Township JEDZ
C/O City of Westerville
PO BOX 636
WESTERVILLE, OH 43086-0636
www.westerville.org
(Tel # 614/901-6420 - Fax # 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 BLENDON JEDZ 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 YOU REFUND REQUEST