



City of Westerville, Income Tax Division

www.westerville.org/incometax

Claim for Refund / GENERAL

File Original with: City of Westerville
Income Tax Division
PO Box 130
Westerville, OH 43086-0130
(614/901-6420 – Fax 614/901-6820)

Tax Year _____

This Form: must cover one (1) calendar year and one (1) employer only.

Form W-2 MUST BE ATTACHED

1. Name of Applicant _____ (Phone) _____

2. Present Address (Street) _____ (City) _____ (Zip) _____

3. Soc. Sec No (SSN) _____ City of Employment _____

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF CITY INCOME TAX

4. In the amount of \$ _____ 5. While in employ of _____

6. Work Location (Street) _____ (City) _____

7. Dates of Employment _____

8. Resident address (if different than above) for this period _____

9. Reason _____

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM/HER.

Date _____

Signature _____

CERTIFICATION OF EMPLOYER

I/We hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that the total amount of \$ _____ was withheld for the year _____ that said employee was not, during the period claimed above, working inside the corporate limits of the City of Westerville; no portion of said tax withheld has been or will be refunded to said employee; and no adjustment has been made in remitting taxes withheld to the City.

(Name of Employer) BY: _____

Date: _____ Phone: _____ TITLE: _____

NOTICE: This refund may result in a balance due to your resident City and/or Federal & State tax return. PLEASE ALLOW 90 DAYS FOR PROCESSING OF YOUR REFUND.