

CLAIM FOR REFUND FORM VILLAGE OF LORDSTOWN INCOME TAX

PLEASE READ THE INSTRUCTIONS ON BACK BEFORE COMPLETING

1. Applicant's Name _____ 2. Soc. Sec. No. _____
3. Current Address _____ City _____
State _____ Zip Code _____ Telephone _____

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF VILLAGE OF LORDSTOWN, OHIO INCOME TAX

4. For tax year of _____ (one year per form) 5. In the amount of \$ _____
6. While employed by _____
7. Complete address of work location _____
8. For the period of (dates) _____
9. Resident address for this period _____
10. Reason for request (explain fully) _____

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

Sworn to and subscribed before me this

_____ Day of _____, _____

Signature Taxpayer Claiming Refund

Signature Officer Administering Oath

Title

CERTIFICATION OF EMPLOYER

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

(Name of Employer)

By: _____

Date

Title

INSTRUCTIONS FOR REFUND FORM
READ BEFORE COMPLETING OTHER SIDE OF FORM

1. This form is for a nonresident who performs no service within the corporate limits of the Village of Lordstown from which the employer erroneously withheld the tax.
2. This form is for an employer who has remitted to the Village of Lordstown in error, Lordstown income tax withheld from his/her employees.

Refunds will not be issued during the same year as the tax was erroneously withheld.

**IF ALL INSTRUCTIONS ARE NOT FOLLOWED - THE REFUND WILL NOT
BE APPROVED AND CLAIM FORM WILL BE RETURNED**

**A. THE FIRST SECTION OF THIS FORM IS TO BE COMPLETED BY THE TAXPAYER
WHO IS REQUESTING THE REFUND**

1. Attach W-2 form (copy acceptable) and any substantiating information and forms.
2. Print applicant's name.
3. Social Security Number.
4. Present address including street number, name of street, city, state, and zip code.
5. Current telephone number including area code.
6. Tax year for which refund is requested (one calendar year per form).
7. Amount of refund claimed.
8. Full name of employer during period for which refund is claimed.
9. Complete address of work location including street number, name of street, city, state and zip code.
10. State the period (give dates if necessary) for which this claim is made. A separate claim form must be filed for each calendar year.
11. Resident's address for period of time covered by this claim (include street number, name of street, city, state and zip code).
12. Explain fully and concisely why this income tax should be refunded. Attach any pertinent information or explanations if space provided is not sufficient.

IMPORTANT: If under 18 please give date of birth. Additional proof of age may be required.

B. NOTARIZE

This claim must set forth in detail and under oath each ground upon which it is made, and facts sufficient to apprise the Income Tax Division of the exact basis thereof.

C. EMPLOYER CERTIFICATION

Employer or authorized officer or Agent must complete certification of employer.