



**Mail to: P O Box 10 – West Carrollton, Oh 45449-0010**

**PART 1 – TO BE COMPLETED BY CLAIMANT (See reverse side for instructions)**

SOCIAL SECURITY # \_\_\_\_\_ AMOUNT CLAIMED \$ \_\_\_\_\_ TAX YEAR \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS DURING CLAIM PERIOD: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS	GROSS WAGES	WEST CARROLLTON TAX WITHHELD
_____	_____	_____
_____	_____	_____

**COMPUTATION OF OVERPAYMENT:**

- A. Income Earned ..... \$ \_\_\_\_\_
- B. West Carrollton Tax Withheld (attach copy of W-2) ..... \$ \_\_\_\_\_
- C. Earnings subject to West Carrollton Tax..... \$ \_\_\_\_\_
- D. West Carrollton Tax (2.25% of Line C)..... \$ \_\_\_\_\_
- E. Overpayment Claimed (Line B minus Line D)..... \$ \_\_\_\_\_

*I certify that all facts and figures given are true and complete; a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the City of West Carrollton to provide, upon request, a copy of this refund document to my city of residence and/or employment.*

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 (Claimant's Signature)

**THIS REFUND MAY RESULT IN AN AMENDMENT TO FEDERAL, STATE, OR OTHER MUNICIPAL TAX RETURNS.**

**PART 2 – TO BE COMPLETED BY EMPLOYER (Read Carefully)**

I verify that during 20\_\_\_\_, the above named employee's total salary and/or wages was \$ \_\_\_\_\_ from which West Carrollton tax of \$ \_\_\_\_\_ was withheld and remitted to the City of West Carrollton, Ohio. My/our records show that the employee's address during the period claimed was (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_, and that \_\_\_\_\_ % of the employee's compensation was attributable to work done or services performed OUTSIDE the City of West Carrollton, and was payable to the City of \_\_\_\_\_. I authorize the City of West Carrollton to, provide, upon request, a copy of this refund document to the employee's city of residence and/or employment. I/We verify that no portion of said tax has been or will be refunded directly to the employee, and that no adjustments to my/our withholding account with the City of West Carrollton have been or will be made for said tax.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE: \_\_\_\_\_





