



City of Westerville, Income Tax Division

www.westerville.org/incometax

Claim for Refund / GENERAL

File Original with: City of Westerville
Income Tax Division Phone 614) 901-6420
PO Box 130 Fax (614) 901-6820
Westerville, OH 43086-0130
taxforms@westerville.org

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 _____
- 4. Email Address _____

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF CITY INCOME TAX

- 5. In the amount of \$ _____
- 6. While in employ of _____
- 7. Work Location (Street) _____ (City) _____
- 8. Dates of Employment _____
- 9. Resident address (if different than above) for this period _____
- 10. Reason _____

If you would like your refund to be DIRECT DEPOSITED, please fill out the following information and **attach a voided copy of a check for verification.**

Bank Name: _____ Routing Number: _____ Account Number: _____

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 FROM THE DUE DATE OR DATE RECEIVED - WHICHEVER IS LATER.
(Rev 11/24)