

Blendon Township JEDZ
www.westerville.org
Claim for Refund / GENERAL

File Original with: Blendon Township JEDZ
C/O City of Westerville
PO Box 636
Westerville OH 43086-0636
(Tel # 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 JEDZ 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 _____

If you would like your refund to be DIRECT DEPOSITED, please fill out the following information and attach a 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 Blendon Township JEDZ; 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 Township.

(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