DAYS WORKED OUT OF BLENDON TOWNSHIP JEDZ **CLAIM FOR REFUND** TAX YEAR _____

W2 MUST BE ATTACHED	
Name of Applicant	
Current Address	
City State & Zip	
Social Security Number	
Tax Year Salary \$	Tax Withheld \$
Days worked out (Attach list of dates & locatio	ons)
Vacation days + Holidaydays + Sick leave	days = Total (1)
260 days less (1) = (2) days worked	
\$ Salary/(2) = (3)	_average rate per day worked
(2)less days worked out of Township = (4)	
(4) X (3) = (5) \$ ta	
(5) \$ X (Tax Rate) =	
	REFUND DUE \$
Bank Name: Routing Number: Routing Number: Claimant declares that after examining this form, that it is to the best of his that said refund has not been received by him/her.	
·	Dhama
SignedDate	Prione
Employer Certification	on
I/We Herby certify that the above employee was employed by the unders and that the total amount of \$ was withheld for the year; inside the JEDZ limits of the Township; that no portion of said tax withheld adjustment has been or will be made in remitting taxes withheld to the To	that during the period claimed above said employee was not work eld has been or will be refunded to said employee, and that no
Name of Employer FID #	Date Phone
Name of Authorized Personnel	Signature & Title of Authorized Personnel
Mail completed request & supporting documentation for refund to:	Blendon Township JEDZ C/O City of Westerville PO Box 636 Westerville OH 43086-0636 (Tel # 614/901-6420 - Fax # 614/901-6820)

NOTICE: This refund may result in a balance due to your resident City and/or Federal & State tax return.

Employer Certification is required by Blendon Township JEDZ

Please allow 90 days for processing of your refund request from the due date

www.westerville.org