

APPLICATION FOR INCOME TAX REFUND

CITY OF CLEVELAND HEIGHTS
P.O. BOX 18850
CLEVELAND HEIGHTS, OH 44118-0850
(216) 291-3978

TAXPAYER'S NAME	SOCIAL SECURITY #
ADDRESS	MUNICIPALITY OF EMPLOYMENT
CITY,STATE,ZIP	TAX YEAR OF CLAIM

- 1. AMOUNT OF GROSS REFUND CLAIMED. \$ _____
- 2. MINUS THE AMOUNT YOU WANTED CREDITED TO YOUR ACCOUNT. \$ _____
- 3. NET AMOUNT TO BE REFUNDED. \$ _____

INDICATE THE REASON FOR CLAIM BY CIRCLING THE APPROPRIATE NUMBER BELOW:

Employer's Certification on the reverse side must be completed for all refund request, except for those who were under 18 years of age for the entire year.

- 1. TAX PAID OR WITHHELD ON INCOME EARNED WHILE UNDER 18 YEARS OF AGE.
(W-2 FORM AND COPY OF BIRTH CERTIFICATE MUST BE ATTACHED).
- 2. UNREIMBURSED EMPLOYEE EXPENSES - ATTACH W-2, FEDERAL FORM 2106 AND/OR ANY SUPPORTING DOCUMENTS.
- 3. OTHER (STATE REASON AND ATTACH DOCUMENTATION).

I CERTIFY THAT THE FACTS AND ALLEGATION CONTAINED IN THE ABOVE STATEMENT ARE TRUE AND CORRECT.

TAXPAYER'S SIGNATURE

DATE

EMPLOYER'S CERTIFICATION - TO BE COMPLETED BY EMPLOYER:

CITY OF CLEVELAND HEIGHTS
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I/We certify that during 19_____, I/We withheld the City of Cleveland Heights Income Tax from _____ (name) employee in excess of their liability for the tax based upon the following data:

COMPUTATION OF OVERPAYMENT (INCLUDE COPY OF W-2(S)):

A. SALARIES, WAGES, ETC., PAID \$_____ ON WHICH CLEVELAND HEIGHTS TAX WAS WITHHELD WAS (a)\$_____
INCOME ACTUALLY EARNED IN CLEVELAND HEIGHTS SUBJECT TO CLEVELAND HEIGHTS INCOME TAX WAS
\$(X 2%) = (b)\$_____
OVERPAYMENT.....(a - b = c)..... (c)\$_____

B. BASIS FOR REFUND (EMPLOYER MUST PROVIDE ALL PERTINENT INFORMATION AND FACTS ON WHICH CLAIM IS BASED.) EXPLAIN METHOD AND/OR SHOW COMPUTATIONS USED TO DETERMINE INCOME EARNED IN CLEVELAND HEIGHTS. _____

C. 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 CLEVELAND HEIGHTS HAVE BEEN OR WILL BE MADE FOR SAID TAX.

SIGNED _____ / / /
Name Title Phone # Date

Print Name Title

EMPLOYER'S FEDERAL ID# _____