



Income Tax Department

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Tax Refund Form

Requestor Information

Your First Name and Middle Initial		Last Name		Your Social Security Number		Tax Year of Claim	
Current Home Address (Number and Street)			Apt #				
City, State and Zip Code				Daytime Phone Number		Evening Phone Number	

Reason for Claim

Check the box below that applies. All refund applications must have a copy of a Federal W-2 attached and must be signed and dated by the employee and employer to be processed.

- ☐ Percentage _____ % time out of taxing jurisdiction
- ☐ Did not attain age 18 during tax year: DOB (____/____/____)
- ☐ Non-Resident, Employer withheld in error
- ☐ Other – Must give explanation _____
- _____

Refund Requested

\$ _____

Date

Employer's Signature

The employer representative states that during the year referenced above, the employer withheld municipal income tax from the above named employee in excess of the employee's liability as calculated above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim is true and accurate. In addition, the employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

Employee's Signature

Date

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this information may be released to the tax administrator of the municipality of residence and the Internal Revenue Service. I also understand that if I have a balance due for a prior year or years, this refund will be applied to that balance due before issuance.

"This institution is an equal opportunity provider and employer."