

CITY OF WAPAKONETA
INCOME TAX DEPARTMENT
(419) 738-7342

FILE WITH:
CITY OF WAPAKONETA
701 PARLETTE COURT
P. O. BOX 269
WAPAKONETA, OH 45895-0269

REFUND CLAIM TAX YEAR _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

SOCIAL SECURITY NUMBER _____

EMPLOYER'S NAME	WAGES	CITY OF WAPAKONETA TAX WITHHELD
_____	_____	_____
_____	_____	_____

GIVE A BRIEF REASON FOR THE CLAIM:

TAX-PAYER CERTIFICATION:

MUST ATTACH COPY OF W-2

I hereby certify that the statements made herein and the information provided are true and correct and that no prior payment has been received from the City of Wapakoneta as a refund for this claim or any portion thereof.

Date: _____ Signature: _____

EMPLOYER CERTIFICATION: _____% IN THE CITY _____% OUT OF THE CITY

I hereby certify that the statements made herein are true and that the claim for refund by the above named is justified.

Date: _____ Signature: _____

Title: _____

FOR TAX DEPARTMENT USE ONLY: CITY TAX ACCOUNT # _____

TOTAL WAGES _____ WAPAKONETA CITY TAX W/H _____

_____ % TAXABLE = _____ TIMES 1% TAX DUE _____

DEDUCT TAXES DUE FROM TAXES WITHHELD – NET REFUND OF _____