

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 1.5 % TAX DUE \_\_\_\_\_

DEDUCT TAXES DUE FROM TAXES WITHHELD – NET REFUND OF \_\_\_\_\_