

**VILLAGE OF VERSAILLES DEPARTMENT OF TAXATION**  
**PO BOX 288 VERSAILLES OH 45380**  
 Phone: 937-526-3294, ext. 204  
 Fax: 937-526-4476

## **Tax Refund Form**

**Requestor Information**

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

**Reason for Claim**

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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 (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Birthdate
  - Non-Resident, Employer withheld in error
  - Other – Must give explanation
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**Employer's Signature**

**Date**

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.