



Income Tax Department
 201 S. Main St. PO Box 459
 Fort Recovery, OH 45846

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Tax Refund Form

Requestor Information

(Revised 12-15)

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 only one box below that applies.

- 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

\$_____00

Please round your refund to the nearest dollar amount

Refund requests for taxable years 2016 and after shall comply with the provisions of Section 9.6 of the Village of Fort Recovery Municipal Income Tax Ordinance #2015-12. Overpayments of more than \$10 and amounts paid erroneously of more than \$10 shall be refunded within 3 years after the tax was due or paid, whichever is later. Any documentation that substantiates your claim for refund must be included. Failure to complete this form in its entirety or remit necessary documentation will cause a delay or denial of your refund.

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. 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.