

**CITY OF LEBANON
REFUND REQUEST**

For the Calendar Year 2009

TO: City of Lebanon, Ohio
Income Tax Department
50 S Broadway
Lebanon, OH 45036

Part 1: TO BE COMPLETED BY CLAIMANT

Name and Address	Location of work place during period claimed
Social Security # _____	

A. Employer's Name and Address	Lebanon tax withheld	Gross Wages
	\$ _____	\$ _____

Computation of Overpayment:

B. Income earned in Lebanon.....	\$ _____
C. Lebanon tax at 1%.....	\$ _____
D. Lebanon tax withheld.....	\$ _____
E. Overpayment.....	\$ _____

Basis for refund: Claimant must provide all pertinent information and facts on which the claim is based. Attach a copy of wage statement (W-2). The undersigned states that all facts and figures given are true and complete to the best of his knowledge, and also that a refund has not previously been claimed or received for the period covered by this claim.

SIGNED _____ DATE _____

Part II - TO BE COMPLETED BY EMPLOYER

EMPLOYER'S CERTIFICATION

I/We verify that during 200____ the above employee's total salary and/or wages was \$_____ from which \$_____ Lebanon tax was withheld and remitted to the City of Lebanon, Ohio. Our records show the employee's work location/duty post was _____ for the period covered by the claim for refund. We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to our withholding account for the City of Lebanon have been or will be made for said tax.

SIGNED _____ PHONE # _____ DATE _____
(Employer signature, title and phone #)