



VILLAGE OF WEST ALEXANDRIA INCOME TAX DEPARTMENT
16 NORTH MAIN STREET
WEST ALEXANDRIA OH 45381

Phone: 937.839.5089 FAX: 937.839.1102 Email: watax@bizwoh.rr.com

INCOME TAX REFUND REQUEST

PART I—TO BE COMPLETED BY CLAIMANT

For Tax Year _____ Amount of Claim \$ _____ Date of Claim _____

Name and Current Address _____

Social Security Number _____

Address during Claim Period _____

Employer's Name and Address _____

Reason For Claim : Check all that apply

- _____ Did not live and/or work in West Alexandria (attach copy of W-2)*
- _____ Lived partial year in village from _____ to _____ (attach copy of W-2)*
- _____ Claiming 2106 expenses (attach copy of your contract and a letter from employer that the expenses were necessary in the performance of your duties and were not reimbursed by employer.) Note: You will need to make sure that line 4 expenses are listed.
- _____ Error in amount of withholding by employer (attach copy of W-2)*
- _____ Traveled outside city in performance of duty (attach copy of W-2)*

*Claim Computation:

1. Gross Earned Income	\$ _____
2. W. Alexandria Tax Withheld	\$ _____
3. Earnings Subject to W. Alexandria Tax	\$ _____
4. W. Alexandria Tax (1%) Gross Income	\$ _____
5. Overpayment claimed—Line 2 minus line 4	\$ _____

Claimant must provide all pertinent information and facts on which claim is based for refund consideration.

PART II—CLAIMANT'S CERTIFICATION (Read Carefully)

I certify that all facts and computations given are true and complete and a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the Village of West Alexandria to furnish my City of residence or employment a copy of this refund document.

Signed _____ **Print Name** _____ **Date** _____

PART III—EMPLOYER'S CERTIFICATION

I verify that the above named employee's reason for request is valid and that I have provided all documentation necessary for

consideration of the claimed refund. I further verify, if applicable, that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to our withholding account with the Village of West Alexandria have been or will be made for said tax.

Signed: _____ Print Name: _____

Title: _____ Date: _____

Use this space for further comments:

FOR OFFICE USE ONLY:			
Refund Approved _____	Refund Check Number _____	Date of Refund _____	Amt of Refund _____
Refund Denied _____	Date of Denial _____	**	

*** Per Chapter 880.13 (c) "Any person dissatisfied with any ruling or decision of the Tax Administrator which is made under the authority conferred by this chapter and the rules and regulations, and who has filed the required returns or other documents pertaining to the contested issue, may appeal therefrom to the Board within 30 days from the announcement of such ruling or decision by the Tax Administrator. The appeal shall be in writing and shall state why the decision should be deemed incorrect or unlawful. The Board shall, on hearing, have jurisdiction to affirm, reverse or modify any such ruling or decision or any part thereof. The Board must schedule a hearing within 45 calendar days of receiving the appeal. The Board must issue a written decision within 90 days after the final hearing and send a notice of its decision by ordinary mail to the taxpayer within 15 days after issuing the decision.*