

Form RR
Send Completed Form To
City of West Alexandria
Income Tax Department
16 N. Main Street
West Alexandria, OH 45381

City of West Alexandria
Income Tax
Refund Request Form
For Calendar Year 20_____

Office Use Only:
Refund: Approved____ Denied____
Amount of Refund \$ _____
Number _____

Part I. TO BE COMPLETED BY CLAIMANT

A. Name and Present Address _____

**Reason for Refund

Social Security Number _____ Amount of Claim \$ _____

Address during claim period _____
Employers Name and Address _____

B. Computation of Overpayment:

- 1. Income Earned..... \$ _____
- 2. W. Alexandria Tax Withheld (attach copy of W2) \$ _____
- 3. Earnings subject to West Alexandria Tax..... \$ _____
- 4. West Alexandria Tax (1%) of Line 3..... \$ _____
- 5. Overpayment Claimed – Line 2 minus Line 4..... \$ _____

C. Basis for refund: Claimant must provide all pertinent information and facts on which claim is based. Use reverse side of form or separate attachment for proper information to further substantiate claim. If required to travel, provide list of dates worked out of Village.

Part II CLAIMANT’S CERTIFICATION (Read carefully)

I certify that all facts and figures given are true and complete; 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, upon request, furnish my City of residence or employment, a copy of this refund document.

Signed: _____ Date _____
(Claimant’s Signature)

Part III EMPLOYER’S CERTIFICATION (Read carefully)

I verify that during 20____ the above named employee’s total salary and/or wages was \$ _____ from which \$ _____ West Alexandria tax was withheld and remitted to the Village of West Alexandria, Ohio. Our records show the employee’s address was _____, for the period covered by the claim for refund, and that _____% of the employee’s compensation was attributable to work done or services performed outside the Village of West Alexandria, and was payable to (name of Village or individual) _____. I authorize the Village of West Alexandria to, upon request, furnish the City of employee residency/or employment, a copy of this refund document. 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 with the Village of West Alexandria have been or will be made for said tax.

Signed: _____