



# VILLAGE OF OAK HARBOR

## Department of Taxation

146 Church Street  
P.O. Box 232  
OAK HARBOR, OHIO 43449-0232  
(419) 898-1611  
Fax (419) 898-3502

Kimberly M. Mehlow  
Income Tax Administrator

### CLAIM FOR REFUND OF TAX WITHHELD

The undersigned hereby states as follows:

That during the period from \_\_\_\_\_ to \_\_\_\_\_ my employer withheld Oak Harbor Income Tax on compensation earned outside Oak Harbor in the amount of \$ \_\_\_\_\_ for which I am now making a claim for a refund. **(W-2 MUST BE ATTACHED)**

Name: \_\_\_\_\_

During the above period I resided at: \_\_\_\_\_

Where did you perform your services? \_\_\_\_\_

Social Security Number \_\_\_\_\_

Present Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

### Statement of Employer

The undersigned employer states that the above employee was employed during the period above; that \$ \_\_\_\_\_ was withheld from all earnings paid said employee during such period; that the claimed refund is substantially correct, based on said employee's earnings during said period outside the village limits of Oak Harbor, and that no portion of said tax withheld has been or will be refunded to said employee by this employer.

Name of Employer \_\_\_\_\_ Fed. I.D. # \_\_\_\_\_

Address of Company \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

<b>TAX OFFICE ONLY: W-2 VERIFIED</b>	<b>ACCT #</b>
<b>AUDITED BY:</b>	