

# MT. ORAB TAX REFUND REQUEST

**P.O. Box 268  
Mt. Orab, Ohio 45154**

**Phone: 937 444-2945  
Fax: 937 444-9241**

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) request a refund for Mt. Orab Income Taxes paid for the year \_\_\_\_\_ in the amount of \_\_\_\_\_ for the following reason:

\_\_\_\_\_ Tax improperly withheld by employer(s). (A copy of W-2 forms must be included with this request. (Employer Verification Required Below)

\_\_\_\_\_ Tax withheld by employer at the wrong rate. (A copy of W-2 forms must be included with this request.

\_\_\_\_\_ No longer a resident of Mt. Orab as of: \_\_\_\_\_ (Proof of non residency status required.) Date

\_\_\_\_\_ Estimated Tax paid, without any tax liability for the year.

\_\_\_\_\_ Other: (explain) \_\_\_\_\_

## EMPLOYER CERTIFICATION

As the employer of the above indicated individual I certify that (a) the above employee is a not a resident of the Village of Mt. Orab and did not work in Mt. Orab for the period indicted above or (b) the rate of tax withheld for this individual was wrong.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## TAXPAYER CERTIFICATION

I (we), certify the above information is true and accurate. Furthermore, I (we) acknowledge that any claims for refunds based on false or misleading information is a violation of the Mt. Orab Income Tax Ordinance and is subject to penalty and interest charges as well as legal prosecution.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE

Request: \_\_\_\_\_ Approved  
\_\_\_\_\_ Denied Reason: \_\_\_\_\_

Amount: \_\_\_\_\_ Batch: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

TRR