



DEPARTMENT OF TAXATION AND REVENUE  
Beth A. Christian, Tax Administrator  
135 North Detroit Street Bellefontaine, Ohio 43311-1462  
Telephone 937/593-8362 FAX 937/593-8372

## REFUND REQUEST

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**THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF CITY INCOME TAX**

Name of Applicant \_\_\_\_\_

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

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

Amount of refund requested \_\_\_\_\_ **NO REFUND UNDER \$5.00 WILL BE GRANTED**

For the year \_\_\_\_\_ **(EACH YEAR MUST BE FILED SEPARATELY)**

Reason for refund request \_\_\_\_\_

Date of birth \_\_\_\_\_ Year of High School graduation \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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ALL WAGES EARNED WHILE ENROLLED IN HIGH SCHOOL ARE TAX EXEMPT. A PARTIAL REFUND MAY BE DUE THE YEAR OF GRADUATION IF WAGES WERE EARNED WHILE ATTENDING HIGH SCHOOL. ANY WAGES EARNED AFTER GRADUATION ARE FULLY TAXABLE.

**YOU MUST FURNISH PROOF OF AGE TO OBTAIN A REFUND. A COPY OF A BIRTH CERTIFICATE, DRIVER'S LICENSE OR STUDENT ID ARE ALL ACCEPTABLE PROOF.**

**COPIES OF ALL W-2'S MUST ALSO BE ATTACHED TO THIS FORM  
A REFUND WILL NOT BE GRANTED WITHOUT PROPER DOCUMENTATION.**