

VILLAGE OF ANNA  
INCOME TAX DEPARTMENT  
P.O. BOX 140  
ANNA OHIO 45302  
(937)394-3751

REFUND REQUEST FORM – GENERAL INSTRUCTIONS

**WHO SHOULD FILE THIS FORM?** Individuals claiming a refund of city tax withheld in excess of their liability. If a refund is claimed for tax withheld by more than one employer, a separate refund form must be completed for each employer. All forms must be submitted together. **A COPY OF W-2 MUST BE ATTACHED.**

**Refunds that are the result of losses against W-2 Income are not to be filed using this form.**

**DISIGNATIONS:** The tax year and the village tax withheld must be stated in the spaces provided.

The Tax Rate for the Village of Anna is 1.75%; The age limit is 17 years (copy of identification showing date of birth must accompany request)

Under age Taxpayers: a copy of your drivers' license or birth certificate is required.

Signature: Required for all refunds

Part B: Certification of Employer: Required for all refunds.

REFUND REQUEST FORM

Tax Year \_\_\_\_\_

(A separate form must be filed for each employer and for each tax year)

**PART A: To be completed by Taxpayer)**

NAME OF APPLICANT \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

STREET ADDRESS DURING CLAIM PERIOD \_\_\_\_\_

Beginning and ending dates of residency at above address: From: \_\_\_\_\_ To: \_\_\_\_\_

NAME AND CITY OF WHERE YOU ACTUALLY PERFORMED SERVICES FOR YOUR EMPLOYER: \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ EMPLOYER'S MAILING ADDRESS \_\_\_\_\_

WAGES \_\_\_\_\_ VILLAGE OF ANNA TAX WITHHELD \_\_\_\_\_

EXPLANATION OF REFUND \_\_\_\_\_

I hereby certify that the statements made herein and the information provided are true and correct and that no prior payment has been received from the Village of Anna as a refund for this claim or any portion thereof.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PART B: CERTIFICATION OF EMPLOYER: (Must be completed by employer only)**

I verify that during the tax year \_\_\_\_\_, my company withheld \$\_\_\_\_\_ City tax in excess of his/her liability. The statements made above and any log attached has been reviewed by myself directly to the employee from my company and that no adjustments have been or will be made to my company's city tax withholding account for said tax.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_