

**VILLAGE OF GAMBIER
115 MEADOW LANE
P. O. BOX 1994
GAMBIER, OH 43022
(740) 427-2671**

CLAIM FOR REFUND

1. Name of Applicant _____
Last Name First Name MI.
2. Present Address _____
Street Address City & State Zip
3. Social Security No. _____ City of Employment _____
4. Withholding Acct. No. _____ Withholding Acct. Name _____
5. Amount of Refund Request \$ _____
6. While in the Employ of _____
7. For The Period (Dates) From : _____ To : _____
8. Resident Address for this period: _____
9. REASON FOR REFUND: (explain fully) _____

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM. TAXPAYER ALSO UNDERSTANDS THIS INFORMATION MAY BE RELEASED TO TAX ADMINISTRATION OF THE MUNICIPALITY OF RESIDENCE OR CURRENT EMPLOYMENT AND THE I.R.S.

DATE _____ SIGNED _____ PHONE _____

CERTIFICATE OF EMPLOYER

I/WE hereby certify that the above employee by the undersigned during the period for which said employee makes claim for refund and that the amount of \$ _____ was withheld for the year 20____; that said employee was not during the period claimed above, working inside the corporate limits of the Village of Gambier; that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the Village.

NAME OF EMPLOYER _____

SIGNATURE OF OFFICER _____

DATE _____ FID _____ TITLE _____ PHONE _____

NOTICE. This refund may result in an amendment to Federal, State, or other Municipal tax returns.
Refund of \$10.00 or more are reported to the I.R.S.
Please allow 30-60 days for processing of your refund

FOR TAX OFFICE ONLY:

APPROVED BY: _____ DATE _____ AMT. PAID _____ CHK NO. _____

