

Form W2 must be attached
To the back of form!!

The City of Portsmouth, Ohio
APPLICATION FOR REFUND
Dept of Finance-Income Tax Division
PO Box 1323 Portsmouth, OH 45662-1323
740-353-3111

Name of Applicant _____

Present Street Address _____

City, State, Zip _____

Social Security Number _____

Telephone Number _____

City of Employment _____

Occupation _____

While in the Employ of _____

For Period of (Dates) _____

Resident Address _____

Reason (Explain fully schedule of dates & locations worked outside Portsmouth. This form must cover only one calendar year and one employer REFUND AMOUNT \$ _____)

Applicant's Signature _____ Date _____

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I/We hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that the total amount of \$ _____ was withheld for the year _____; that said employee was not during the period claimed above, working inside the corporate limits of the City of Portsmouth; that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustments has been or will be made in remitting taxes withheld to the city.

Name of Employer _____ Date _____

Signed _____ Title _____