

CITY OF WILLARD



631 Myrtle Avenue · P.O. Box 367 · Willard, OH · 44890

**REFUND REQUEST FORM
EMPLOYER OVER WITHHOLDING FORM**

This is to verify that _____ is employed by
_____. For the period ____/____/____ through
____/____/____, wages were earned in the amount of \$_____.

Said employee's place of residence was outside the Willard Corporation Limits during the above stated time period.

_____ % of work located INSIDE Willard City Limits
_____ % of work located OUTSIDE Willard City Limits

The amount of \$_____ was over-withheld and is in order for proper refund.
I am attaching a copy of the W-2 form for said period along with substantive proof regarding percent of work location.

Please mail refund to : _____

Social Security #: _____

I, the undersigned, certify this is a true, correct and complete statement according to payroll and other records. Incorrect information is in violation of Ordinance 2147 of the City of Willard, Ohio.

Name of Employer

Chief Administrative Officer

Date: _____

Office Use Only

Employer: _____

W/H Account #: _____

Tax Year: _____

Refund Amount: _____

Check Request Date: _____

Check Date: _____

Check Number: _____

Approved By: _____