

CITY OF WILLARD



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

I am filing this form as a resident under 18 years of age as of December 31 during calendar year _____.

Gross wages earned for above year: _____

Willard tax withheld for above year: _____

I am attaching a copy of my W-2.

I am attaching a copy of my birth certificate.

MAIL REFUND TO: _____

Social Security #: _____

Date of Birth: _____

Age as of December 31: _____

The undersigned hereby requests under the authority of Article III, E-9, Rules and Regulations, a refund for overpayment of income tax due to student status. I hereby certify the above information is true and correct.

(Signature)

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OFFICE USE ONLY

Employer Name: _____ Withholding Account #: _____

Approved by: _____ Tax Year: _____

Amount: _____ General Check Requested: _____

Refund Check#: _____ Refund Check Date: _____