

OFFICE USE

FOR TAX  
YEAR

\_\_\_\_\_

APPLICATION  
FOR REFUND  
**JEDD INCOME TAX**  
UNDER 18 FILERS

**SELECT JEDD**

- BATH-AKRON-FAIRLAWN
- COPLEY-AKRON
- COVENTRY-AKRON
- SPRINGFIELD-AKRON

330-375-2039

Print Name & Address Below:

Telephone Number

Work \_\_\_\_\_

Home \_\_\_\_\_

SS# \_\_\_\_\_

1. Enter total compensation received before any payroll deductions (attach copies of W-2's) ..... \$ \_\_\_\_\_

Print Employer Name	Dept Name or #	City Where Employed	Work Location (Address)

**You must submit the following in order for you refund to be processed.**

1. Legible copy of birth certificate or driver's license.
2. Copy of W-2(s) showing JEDD wages and JEDD tax withheld.

**We will calculate and issue a refund based on the information provided.**

Refunds are typically issued within 90 days after: i) the date the City has received a complete and accurate Refund Application, plus a copy of your employer's complete and accurate JW-3 reconciliation form; or ii) April 15th of the year following the tax year at issue, whichever is later.

If you were not assigned to the above employer's JEDD payroll for the entire year, report the date you were assigned to the JEDD payroll and/or the date you were transferred out, and/or the date employment was terminated.

(I worked in the JEDD from \_\_\_\_\_ to \_\_\_\_\_)

I certify that I have examined this refund application, including any accompanying documents, and to the best of my knowledge and belief I attest that these documents represent a true and complete record of my taxable income to the JEDD.

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date

Return completed form to : **JEDD INCOME TAX,**  
**1 Cascade Plaza Suite 100**  
**Akron, OH 44308 3**