

OFFICE USE

FOR TAX YEAR

\_\_\_\_\_

APPLICATION FOR REFUND City of Akron INCOME TAX UNDER 18 FILERS



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) ..... \$ \_\_\_\_\_

Table with 4 columns: 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 Akron wages and Akron 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 AW-3 reconciliation form; or ii) April 15th of the year following the tax year at issue, whichever is later.

YOU MUST ATTACH COPIES OF W-2'S SHOWING AKRON WAGES AND AKRON INCOME TAXES WITHHELD.

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

(I worked in Akron 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 Akron.

Signature of Taxpayer Date

Return completed form to: Income Tax Division 1 Cascade Plaza - Suite 100 Akron, OH 44308-1161