



**CITY OF MIAMISBURG / AUSTIN CENTER JEDD / MIAMI CROSSING JEDD
INDIVIDUAL WITHHOLDING REFUND REQUEST**

City of Miamisburg Income Tax Dept.
10 N. First St., Miamisburg OH 45342

<http://www.ci.miamisburg.oh.us/>

Phone (937) 847-6462
Fax (937) 847-6470

For Tax Year _____

PART I – TO BE COMPLETED BY CLAIMANT

Name: _____
Social Security Number: _____
Present Address: _____ (Street)

(City, State, Zip)

AMOUNT CLAIMED \$ _____

List Employer(s) Name and Address, and Physical Location where work was performed:	
Name/Address	Work Site(s)
_____	_____
_____	_____
City of Residence at time of above employment _____	
Reason for Refund (Claimant must provide all pertinent information and facts on which claim is based, explaining fully and concisely why income tax should be refunded):	

Under penalty of perjury the undersigned states that all facts and figures given are true and complete to the best of his/her knowledge and belief, and that no such refund has previously been claimed or received by him/her. I authorize the Tax Administrator to furnish my city of residence and/or employment a copy of this document.

Signed: _____ **Date:** _____

Phone Number: _____

EMPLOYER CERTIFICATION, CALCULATIONS AND INSTRUCTIONS ON BACK

