



CITY OF EASTLAKE INCOME TAX DEPARTMENT

APPLICATION FOR REFUND
35150 LAKESHORE BOULEVARD
EASTLAKE, OHIO 44095
440-951-1416 X 160 OR X 161
FAX #440-975-4299
WWW.EASTLAKEOHIO.COM

THE INFORMATION BELOW WILL BE SHARED WITH YOUR RESIDENT CITY

REQUEST FOR REFUNDS FOR OUT OF THE AREA HAS BEEN REPEALED AND WILL NO LONGER BE RECOGNIZED.

STATUS: INDIVIDUAL JOINT SOCIAL SECURITY NUMBER SPOUSE SS#
LAST NAME FIRST NAME M.I SPOUSES NAME
HOME ADDRESS CITY STATE ZIP
IF MOVED DURING THE YEAR: MOVE IN DATE: MOVE OUT DATE FORMER ADDRESS:

INDICATE IN THE BLOCK BELOW THE KIND OF CLAIM FILED

- A} REFUND OF MUNICIPAL INCOME TAX WITHHELD FOR ALL OR PART OF THE YEAR THAT APPLICANT WAS UNDER 18 YEARS OF AGE.
B} UNREIMBURSED EMPLOYEE BUSINESS EXPENSES. FEDERAL RULES APPLY EXCEPT DO NOT INCLUDE LINE 4 OF FEDERAL FORM 2106.
C} OTHER (EXPLAIN)

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CALCULATION OF OVERPAYMENT

1) WAGES AS REPORTED ON W-2 FORM (ATTACH W2'S) \$
2) LESS WAGES NOT SUBJECT TO TAX \$
3) NET TAXABLE WAGES \$
4) CORRECTED TAX \$
a. TAX WITHHELD \$
b. PRIOR YEAR CREDIT \$
c. ESTIMATED TAX PAID \$
5) TOTAL TAX PAID \$
6) REFUND REQUESTED \$

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM (INCLUDING ANY ACCOMPANYING STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE AND CORRECT. I AUTHORIZE THE DISCLOSURE OF THE INFORMATION HEREIN TO ANY LAWFUL TAXING AUTHORITY AFFECTED BY THE REFUND.

Taxpayer's Signature Date Telephone Number
Spouse's Signature Date
Preparer's Signature Date Telephone Number

EMPLOYER S CERTIFICATION (To be completed by employer)
We have reviewed the above calculations and attachments and believe them to be true and correct.
I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with City of Eastlake have been or will be made for said tax.
Employer's Signature Title Date
Company Federal ID # Telephone Number