



CITY OF DUBLIN...

City of Dublin
Division of Taxation
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TAX REFUND REQUEST FOR INDIVIDUALS UNDER AGE 18

TAX YEAR: _____

Please Print

NAME: _____ **SOCIAL SECURITY:** _____

PRESENT ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE NO. _____

TOTAL DUBLIN TAX WITHHELD \$ _____

REFUND AMOUNT REQUESTED \$ _____

COMPANY NAME: _____

ADDRESS WHERE WORKED: _____

PROOF OF BIRTH MUST ACCOMPANY THIS REQUEST FOR A REFUND. PROOF SHOULD BE A LEGIBLE COPY OF BIRTH CERTIFICATE OR DRIVER'S LICENSE.

W-2 FORM MUST BE ATTACHED.

SIGNATURE: _____ **DATE:** _____

NOTICE:
PLEASE ALLOW 90 DAYS FOR PROCESSING OF YOUR REFUND REQUEST