

**CLAIM FOR REFUND FOR WITHHOLDING PAID TO DUBLIN IN ERROR
(NON-RESIDENTS ONLY)**



**City of Dublin Income Tax Division
5200 Emerald Parkway
PO Box 800
Dublin, OH 43017
Telephone: 614.410.4460 | Toll Free: 888.490.8154 | Fax: 614.923.5520**

Forms available on internet at www.dublintax.com

TAX YEAR _____

This form must cover one (1) calendar year and one (1) employer only.

FORM W-2 MUST BE ATTACHED

- 1. Name of applicant _____ (Phone) _____ (e-mail) _____
- 2. Present address (Street) _____ (City) _____ (Zip) _____
- 3. Soc. Sec. No. (SSN) _____ City of employment _____

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF CITY INCOME TAX

- 4. In the amount of \$ _____
- 5. While in employ of _____
- 6. Work location (Street) _____ (City) _____
- 7. Dates of employment _____
- 8. Resident address (if different than above) for this period _____
- 9. Reason for refund request _____

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM/HER

Date _____ **Signature** _____

CERTIFICATION OF EMPLOYER

I/We hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that the total amount of \$ _____ was withheld for the year _____ that said employee was not, during the period claimed above, working inside the corporate limits of the City of Dublin; no portion of said tax withheld has been or will be refunded to said employee; and no adjustment has been made in remitting taxes withheld to the City.

(NAME OF EMPLOYER) BY: _____

Date _____ TITLE: _____

**NOTICE: THIS REFUND MAY RESULT IN A BALANCE DUE TO YOUR RESIDENT CITY AND/OR FEDERAL & STATE TAX RETURN
PLEASE ALLOW 90 DAYS FOR PROCESSING OF YOUR REFUND.**