

Claim For Refund



City Form SCR -1

This form is not required if refund has been requested on final return

Department of Taxation

City of Sidney
 201 W Poplar Ave
 Sidney, OH 45365
 Phone: 937-498-8111
 Fax: 937-498-8149
 www.sidneyoh.com

Date:

Name:

Social Security No.:

Address:

Phone:

Refund Reason:

- Overpayment
- Erroneously Collected
- Abatement
- Other

Amount of Claim: \$ _____

Taxable Period: From _____, 20__ to _____, 20__

A separate claim must be filed for each year

W2 forms must be attached

Date Paid	Amount	Employer's Name and Address	Period of Employment	Amount Withheld
TOTAL	\$ _____	Sidney City Tax Rate: 2017, 2018 & 2019 - 1.75%	TOTALS:	\$ _____

Set forth in detail the reasons for claim, giving sufficient information to enable the Department of Taxation to determine the exact basis and correctness of the claim.

Tax Payer Certification

I/We hereby certify that the statements made herein are true and correct and that no prior payment has been received in payment of this claim or any portion thereof.

Date: _____

Signature _____

Signature _____

Employer Certification

I hereby certify that the statements made herein are true and that the claim for refund by the above named is justified.

Date: _____

Signature _____

Title _____