

**CITY OF LEBANON  
REFUND REQUEST**

**For the Calendar Year 20\_\_**

TO: City of Lebanon, Ohio  
Income Tax Department  
50 S Broadway  
Lebanon, OH 45036

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**Part 1: TO BE COMPLETED BY CLAIMANT**

Name and Address	Location of work place during period claimed
_____	_____
_____	_____
Social Security # _____	_____

A. Employer's Name and Address	Lebanon tax withheld	Gross Wages
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____

**Computation of Overpayment:**

B. Income earned in Lebanon.....	\$ _____
C. Lebanon tax at 1%.....	\$ _____
D. Lebanon tax withheld.....	\$ _____
E. Overpayment.....	\$ _____

Basis for refund: Claimant must provide all pertinent information and facts on which the claim is based. Attach a copy of wage statement (W-2). The undersigned states that all facts and figures given are true and complete to the best of his knowledge, and also that a refund has not previously been claimed or received for the period covered by this claim.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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**Part II - TO BE COMPLETED BY EMPLOYER**

**EMPLOYER'S CERTIFICATION**

I/We verify that during 20\_\_ the above employee's total salary and/or wages was \$\_\_\_\_\_ from which \$\_\_\_\_\_ Lebanon tax was withheld and remitted to the City of Lebanon, Ohio. Our records show the employee's work location/duty post was \_\_\_\_\_ for the period covered by the claim for refund. We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to our withholding account for the City of Lebanon have been or will be made for said tax.

SIGNED \_\_\_\_\_ PHONE # \_\_\_\_\_ DATE \_\_\_\_\_

(Employer signature, title and phone #)