

DIVISION OF YOUNGSTOWN INCOME TAX

FORM R-2

CLAIM FOR REFUND

FILE ORIGINAL WITH THE INCOME TAX DIVISION
P.O.BOX 539, YOUNGSTOWN, OH 44501

Attach W-2 Form

This form must cover **ONE CALENDAR YEAR ONLY** Phone Number (_____)_____

1) Name of Applicant _____ Soc Sec No. _____ - _____ - _____

2) Present Address _____ City _____ ZIP _____

THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF YOUNGSTOWN, OHIO INCOME TAX

4) In the amount of \$ _____

5) While in the employ of _____

6) For the period (dates) from _____ through _____

7) Resident address for this period _____

8) For the reason (explain fully and attach schedule of dates worked outside City) _____

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

Sworn to and subscribed before me this
_____ day of _____, 20____

(Signature of Officer Administering Oath)

(Title)

SIGNED: _____

**WITH KNOWLEDGE OF PENALTY
FOR MISREPRESENTATION FOR
FALSE & FRAUDULENT RETURNS**

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 during said period \$ _____ was withheld from the earnings paid said employee; that the total amount of \$ _____ was withheld for the year. That said employee was not during the period claimed above, working inside corporate limits of the City of Youngstown; that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes withheld to the City of Youngstown.

BY: _____

DATE _____

TITLE: _____

(See Instructions on Reverse Side)

GENERAL INSTRUCTIONS

- (A) BY WHOM THIS CLAIM FORM IS TO BE USED:
- 1) A non-resident who performs no service within the corporate limits of the City of Youngstown and whose Youngstown Income Tax has been withheld by his employer.
 - 2) An employer who has remitted to the City of Youngstown in error, Youngstown Income Tax withheld from his employees.
- (B) This claim must set forth in detail and under oath each ground upon which it is made and facts sufficient to apprise the Income Tax Division of the exact basis thereof.
- (C) Sick pay and vacation pay should be prorated in same portion as time worked in and time worked out of Youngstown.
- (D) Certification of employer must be completed by him or his authorized officer or agent.
- (E) An employer applying for refund of Youngstown Income Tax paid in error in excess of the amount of tax withheld by him, must file an amended Form E.Q.R. showing accurate figures for the quarter so affected.
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INSTRUCTIONS FOR COMPLETING CLAIM FORM

- Line 1. Print name and Social Security Number plainly.
- Line 2. Give present full address including City and ZIP Code.
- Line 3. To be used by EMPLOYERS ONLY who are applying for refund of withheld Youngstown Income Tax remitted to the City of Youngstown in error.
- Line 4. Amount of refund applied for.
- Line 5. Give full name of employer during period covered by this claim.
- Line 6. State the period by dates that this claim covers within a calendar year. A separate claim must be filed for each year involved.
- Line 7. Show resident address for period of time covered by this claim.
- Line 8. Explain fully and concisely why Youngstown Income Tax should be refunded. ATTACH SCHEDULE OF DATES WORKED OUTSIDE THE CITY OF YOUNGSTOWN and any other pertinent information if the space provided is insufficient.

**IF ALL INSTRUCTIONS ARE NOT FOLLOWED,
CLAIM WILL NOT BE APPROVED AND WILL BE RETURNED.**