



OFFICE USE ONLY

Approved _____ Rejected _____

By _____ Date _____

Reason Rejected _____

Date Issued _____ Check No. _____

FORM MUST BE COMPLETED IN FULL AND VERIFIED BEFORE REQUEST WILL BE CONSIDERED

(Print or type)

Taxing District: _____

Name of Applicant _____

Type of Tax: _____

Street Address _____

Refund Requested: \$ _____

City, State Zip _____

Employer's Name and Address: _____

Resident Municipality Social Security Number _____

I hereby request a refund of the above tax for the following reason(s):

My annual income from ALL sources was \$_____. (Attach schedule showing all sources of income and the amounts, W-2's, Schedule C's, or other supporting data.)

Duplicate payment. (Attach original withholding statements).

Date of Payments	(1) _____	(2) _____
Amt. of Payments	(1) _____	(2) _____
Employer paid by	(1) _____	(2) _____
District paid to	(1) _____	(2) _____

Overpayment:

Total Taxable Income \$ _____ Total Tax Due \$ _____ Total Paid \$ _____

Underage: Birth Date: _____

Other (explain in full): _____

I hereby certify that the above information is true and correct and acknowledge full responsibility for repayment of any taxes erroneously refunded to me.

Date: _____ Signature: _____

LOCAL TAXPAYER BILL OF RIGHTS

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling the political subdivision to which these taxes apply during their normal business hours.