

LOUDONVILLE INCOME TAX

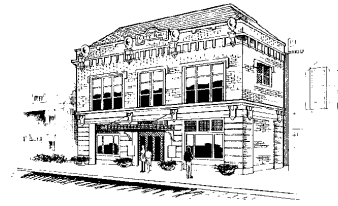
Village of Loudonville

156 N. Water Street

P.O. Box 150

Loudonville, OH 44842

Phone: 419-994-3214 Fax: 419-994-3213



CLAIM FOR REFUND

1. Name of Applicant: _____

2. Present Address: _____

3. Social Security #: _____

The undersigned hereby makes claim for refund of Loudonville Village Income Tax:

4. In the amount of \$ _____

5. While in the employ of _____

6. For the period _____

7. Reason (Explain fully and attach W-2): _____

and further states that said refund has not yet been received by him/her.

Date: _____ Signed: _____

CERTIFICATION OF EMPLOYER

I hereby certify that the above employee was employed by the undersigned during the period of which said employee makes Claim for Refund and that the total amount of \$ _____ was withheld during the year _____; and that said employee was not a resident of the Village of Loudonville at the time the tax was withheld nor did the employee work within the Village of Loudonville; and 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 Village of Loudonville.

Signature: _____ Title: _____

Date: _____