

**VILLAGE OF GAMBIER  
INCOME TAX DEPARTMENT  
P.O. BOX 1994, GAMBIER, OH 43022  
(740) 427-2051**

**CLAIM FOR REFUND**

1. Name of Applicant \_\_\_\_\_
2. Present Address \_\_\_\_\_  
Street Address City & State Zip
3. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ City of Employment \_\_\_\_\_
4. Federal ID No. \_\_\_\_\_ Withholding Acct. Name \_\_\_\_\_
5. Amount of Refund Request \$ \_\_\_\_\_
6. While in the Employ of \_\_\_\_\_
7. For the Period (Dates) From: \_\_\_\_\_ To: \_\_\_\_\_
8. Resident Address for this period: \_\_\_\_\_
9. Reason for Refund: (explain fully) \_\_\_\_\_

AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM. TAXPAYER ALSO UNDERSTANDS THIS INFORMATION MAY BE RELEASED TO TAX ADMINISTRATION OF THE MUNICIPALITY OF RESIDENCE OR CURRENT EMPLOYMENT AND THE I.R.S.

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

**CERTIFICATE OF EMPLOYER**

I/WE hereby certify that the above employee by the undersigned during the period for which said employee makes claim for refund and that the amount of \$ \_\_\_\_\_ was withheld for the year 20 \_\_\_\_; that said employee was not during the period claimed above, working inside the corporate limits of the Village of Gambier; 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.

\_\_\_\_\_  
NAME OF EMPLOYER SIGNATURE OF OFFICER

DATE \_\_\_\_\_ FID \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

**NOTICE:** This refund may result in an amendment to Federal, State, or other Municipal tax returns.  
Refund of \$10.00 or more are reported to the I.R.S.  
Please allow 30-60 days for processing of your refund

**FOR TAX OFFICE ONLY:**

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_ AMT. PAID \_\_\_\_\_ CHK NO. \_\_\_\_\_