

CITY FORM

SCR-I

File with

Department of Taxation

201 W. Poplar

Sidney, OH 45365

(937)498-8111

City of Sidney
DEPARTMENT OF TAXATION

CLAIM FOR REFUND

This form is not required
If Refund has been re-
quested on Final Return

Account No.

Name

Address

Soc. Sec.

Refund of Overpayment

Refund of Tax Erroneously Collected

Abatement of Tax

Other

Amount of Claim \$

Taxable Period: From ,20 to 20

(A Separate Claim must Be Filed For Each Year)

(W2 Forms Must Be Attached)

Tax Paid Direct

Tax Withheld From Payroll

Table with 5 columns: Date Paid, Amount, Employer's Name and Address, Period of Employment, Amount Withheld. Includes a TOTAL row at the bottom.

Set forth in detail the reasons for claim, giving sufficient information to enable the
Department of Taxation to determine the exact basis and correctness of the claim.

TAX PAYER CERTIFICATION

I/We hereby certify that the statements made herein are true and correct and that no prior payment has been received in payment of this claim or any portion
thereof.

Signature

Date

Signature

EMPLOYER CERTIFICATION

I hereby certify that the statements made herein are true and that the claim for refund by the above named is justified.

Signature

Date

Title

SPACE BELOW FOR USE OF DEPARTMENT OF TAXATION

Amount Claimed \$
Amount Abated \$
Amount Disallowed \$

Claim Examined By:
Claim Audited By:
Approved By:

Amount of Refund \$ Claim No. Refund Voucher No.