

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.	<input type="checkbox"/> Refund of Overpayment
Name	<input type="checkbox"/> Refund of Tax Erroneously Collected
Address	<input type="checkbox"/> Abatement of Tax
Soc. Sec.	<input type="checkbox"/> 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

Date Paid	Amount	Employer's Name and Address	Period of Employment	Amount Withheld
TOTAL	\$	Sidney City Tax Rate: 2014 was 1.5%, 2015, 2016, & 2017 1.75%	TOTALS	\$

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. \_\_\_\_\_