

# Claim For Refund



City Form SCR-1

This form is not required if refund has been requested on final return

Department of Taxation

Date:

Name:

Social Security #

Address:

Phone:

City of Sidney  
201 W Poplar Ave  
Sidney, OH 45365  
Phone: 937-498-8111  
Fax: 937-498-8149  
[www.sidneyoh.com](http://www.sidneyoh.com)

**Refund Reason:**

- Overpayment
- Erroneously Collected
- Abatement
- Other

Amount of Claim: \$ \_\_\_\_\_

Taxable Period: From \_\_\_\_\_ 20\_\_ to \_\_\_\_\_ 20\_\_

A separate claim must be filed for each year

W2 forms must be attached

Date Paid	Amount	Employer's Name and Address	Period of Employment	Amount Withheld

Total \$ \_\_\_\_\_ Sidney City Tax Rate 2018 & 2019- 1.75% 2020-1.65% 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. **NOTE: House Bill 197 Section 29 states: Municipal tax should continue to be withheld by employers for employees at the employee's "principal place of business" prior to the State of Emergency. Employer's are not required to withhold tax where the employee may be working during the State of Emergency.**

**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.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Employer Certificaton**

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

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_