

# 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 2020, 2021 & 2022-1.65% 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.

**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 \_\_\_\_\_