

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

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total \$

Sidney City Tax Rate 2023, 2024 & 2025

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 Certification

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