



TAX REFUND REQUEST FOR INDIVIDUALS UNDER AGE 18

TAX YEAR _____

City of Port Clinton
Income Tax Department
1868 E Perry Street
Port Clinton, OH 43452
(419) 734-5522, option 4
(419) 732-6558, Fax
www.portclinton.com

Please Print

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE NUMBER: _____

TOTAL PORT CLINTON TAX WITHHELD: _____

REFUND AMOUNT REQUESTED: _____

EMPLOYER NAME: _____

ADDRESS WHERE WORKED: _____

PROOF OF BIRTH MUST ACCOMPANY THIS REQUEST FOR A REFUND. PROOF SHOULD BE A LEGIBLE COPY OF BIRTH CERTIFICATE OR DRIVER'S LICENSE.

W-2 FORM MUST BE ATTACHED (showing City of Port Clinton withholding).

SIGNATURE OF TAXPAYER

DATE

PLEASE ALLOW 90 DAYS FOR PROCESSING OF YOUR REFUND REQUEST