



## TAX REFUND REQUEST FOR INDIVIDUALS UNDER AGE 18

**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](http://www.portclinton.com)

ALL INFORMATION MUST BE COMPLETED IN FULL, SIGNED AND DATED

**LEGIBLE COPY OF BIRTH CERTIFICATE OR DRIVER'S LICENSE MUST  
ACCOMPANY THE REQUEST.**

**ALSO REQUIRED ARE: COPIES OF W-2S SHOWING THE PORT CLINTON  
WITHHOLDING AND A FEDERAL INCOME TAX RETURN.**

TAX YEAR \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TOTAL PORT CLINTON TAX WITHHELD: \_\_\_\_\_ (Refer to W-2, Box 19)

REFUND AMOUNT REQUESTED: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS WHERE WORKED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF TAXPAYER

\_\_\_\_\_  
DATE

PLEASE ALLOW 90 DAYS FOR PROCESSING OF YOUR REFUND REQUEST