

**REFUND REQUEST  
EMPLOYER OVERWITHHOLDING FORM**

This is to verify that \_\_\_\_\_ is employed by \_\_\_\_\_.

For the period \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_ wages were earned in the amount of

\$\_\_\_\_\_ and Willard income tax was withheld in the sum of \$\_\_\_\_\_.

Said employee's place of residence was outside the Willard Corporation Limits during the above stated time period.

\_\_\_\_\_% of work location INSIDE Willard Corporation Limits.

\_\_\_\_\_% of work location OUTSIDE Willard Corporation Limits.

The amount of \$\_\_\_\_\_ was over-withheld and is in order for proper refund.

I am attaching a copy of the W-2 Form for said period along with substantive proof regarding percent of work location.

Please mail refund to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

I, the undersigned, certify this is a true, correct and complete statement according to payroll and other records. Incorrect information is in violation of Ordinance 2147 of the City of Willard, Ohio.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Chief Administrative Officer

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

.....  
(OFFICE USE ONLY)

Employer: \_\_\_\_\_ WH Account #: \_\_\_\_\_

Tax Year: \_\_\_\_\_ Amount of Refund: \_\_\_\_\_

Approved By: \_\_\_\_\_ Check Request Date: \_\_\_\_\_

Audit Initiation Date: \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_

Audit Conclusion: \_\_\_\_\_

Audit Conclusion Certification: \_\_\_\_\_