

Print Name & Address Below:

Telephone Number

Work

Home

SS# _____

1. Enter total compensation received before any payroll deductions (attach copies of W-2's) \$

Print Employer Name	Dept Name or #	City Where Employed	Work Location (Address)

- 2. 2106 EXPENSES Attach a copy of your Federal 1040 (pages 1 & 2), FORM 2106, SCHEDULE A and copies of all W-2s.
- UNDER 18 YEARS OF AGE for the entire tax year ... attach a copy of your driver's license or birth certificate (BIRTH DATE MUST BE CLEARLY READABLE)

We will calculate and issue a refund based on the information provided.

Payment will be made within 90 days or receipt of the completed refund request or completed employer annual withholding return, whichever is later.

YOU MUST ATTACH COPIES OF W-2'S SHOWING AKRON WAGES AND AKRON INCOME TAXES WITHHELD.

If you were not assigned to the above employer's Akron payroll for the entire year, report the date you were assigned to the Akron payroll and/or the date you were transferred out, and/or the date employment was terminated.

(I worked in Akron from ______ to _____ to _____

I certify that I have examined this refund application, including any accompanying documents, and to the best of my knowledge and belief I attest that these documents represent a true and complete record of my taxable income to Akron.

Signature of Taxpayer

Date

Return completed form to: Income Tax Division, 1 Cascade Plaza-11th FL, Akron, OH 44308