## Employer's Claim for Refund of Withholding Tax Tax Year 2014

						Tux Tour	
Withholding Account No.			-W	Year		Quarter	
Name Address				<ul> <li>Special Instructions</li> <li>Submit amended quarterly returns (IT-11s) if the previous reported tax liability has changed.</li> <li>Submit corrected W-2 forms (W-2Cs) if wage and/or withholding information has changed.</li> </ul>			
City	State — –	Zip Code —— —		an	id/or withholdin	g information ha	ıs changed.
REFUND CLA	IMED B	BY CITY		Gen	eral Instru	ctions for F	orm IT-6W
Columbus (Work City)	01 _			To avoid delays in the processing of your refund request, be sure that the reason given for your refund request provides sufficient information to enable the Income Tax Division to approve your request. For			
Alt Columbus (Resident City)	88 _						
TOTAL REFUND CLAIMED  Effective January 1, 2019, the City of Colutax for the following municipalities:			ne	City of Shamro 123 wri Columb mailed avoid p	Dublin on wage to County ten on April 20 ous in error. Out the State of the State o	es of employees olumbus in erro 7, 2007 for \$1,2 Check #123 sho Ohio" are inform	I tax due to the sworking at 123 or" or "Check # 234 was sent to ould have been native enough to uch as "overpaid
Brice, Canal Winchester, Groveport, Harrisburg, Marble Cliff, Obetz, and Prairie-Obetz JEDZ.  Please visit <a href="https://www.columbustax.net">www.columbustax.net</a> for information regarding the new administering agencies for these municipalities.			Attach any supporting documentation to the back of this form that you feel will be helpful in processing your refund. For example, if you remitted tax to us that should have been remitted to another government agency, attach a copy of the return or payment coupon for that other agency that matches the amount of your refund claim.  Payroll Services filing on behalf of a client must attach a valid power of attorney to the refund claim.				
				Questio	ns? Call (614)	645-8368.	
		Reason	for Re	fund			
Officer's Signature		Officer's name (	Diagos De	int)		nto.	
Officer's Signature		Officer's name (	int)	Date			
Officer's Title		Officer's Telephone Numbe			Mail to: Columbus Income Tax Division PO Box 182489 Columbus, OH 43218-2489		