

CITY OF MONROE INCOME TAX DEPARTMENT REFUND REQUEST FORM TAX YEAR \_\_\_\_\_  
FILE WITH: City of Monroe Income Tax Department  
PO Box 629., Monroe, OH 45050  
Phone (513) 539-7374 Option 3  
[tax@monroehio.org](mailto:tax@monroehio.org)

PART I – TO BE COMPLETED BY CLAIMANT

NAME AND ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

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

AMOUNT OF CLAIM \_\_\_\_\_

ADDRESS DURING PERIOD OF CLAIM \_\_\_\_\_

EMPLOYER'S NAME AND LOCAL ADDRESS WHERE EMPLOYED \_\_\_\_\_

REASON FOR REFUND \_\_\_\_\_

Computation and overpayment:

1. Income earned \$ \_\_\_\_\_
2. Monroe tax withheld (ATTACH COPY OF W2) \$ \_\_\_\_\_
3. Earnings subject to Monroe tax \$ \_\_\_\_\_
4. Monroe tax –1.5% of line 3 \$ \_\_\_\_\_
5. Overpayment claimed–line 2 minus line 4 \$ \_\_\_\_\_

Basis for refund: Claimant must provide all pertinent information and facts on which claim is based. Use reverse side of form or separate attachment for proper information to further substantiate claim. If required to travel, provide list of dates worked outside of city and city where services were performed.

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PART II – CLAIMANT'S CERTIFICATION

I certify that all facts and figures given are true and complete; a refund has not previously been claimed or received by me for the period covered by this claim. I authorize the City of Monroe to, upon request, furnish my city of residence or employment with a copy of this refund request.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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Claimant PART III – EMPLOYER'S CERTIFICATION

I certify that during the year \_\_\_\_\_, the above named employee's total salary was \$ \_\_\_\_\_ from which \$ \_\_\_\_\_ Monroe tax was withheld and remitted to the City of Monroe, Ohio. The employee's address for the period covered by the claim was \_\_\_\_\_. I certify that \_\_\_\_\_% of the employee's compensation was attributable to work done or services performed outside the City of Monroe. I authorize the City of Monroe to, upon request, furnish the city of employee's residency or employment with a copy of this refund document. I certify that no portion or said tax has been or will be refunded directly to the employee, and that no adjustments to our withholding account with the City of Monroe have been or will be made for said tax.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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