

Division of Taxation
200 S. Hamilton Rd
Gahanna, OH 43230
Tel 614-342-4030
Fax 614-342-4100
www.gahanna.gov



**TAX REFUND REQUEST FOR INDIVIDUALS
UNDER AGE 18**

Please Print

NAME: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE NO.: _____

TOTAL GAHANNA TAX WITHHELD: \$ _____

REFUND AMOUNT REQUESTED: \$ _____

COMPANY NAME: _____

ADDRESS WHERE WORKED: _____

PROOF OF BIRTH MUST ACCOMPANY THIS REQUEST FOR A REFUND. PROOF SHOULD BE A LEGIBLE COPY OF A BIRTH CERTIFICATE OR A DRIVER'S LICENSE.

W-2 FORM MUST BE ATTACHED

SIGNATURE: _____ DATE: _____

PLEASE ALLOW 90 DAYS FOR PROCESSING OF YOUR REFUND REQUEST.