



City of Marysville
Income Tax Division
P.O. Box 385
Marysville, Ohio 43040-0385
Telephone (937) 645-1026 or 1043
Fax (937) 645-1105
www.marysvilleohio.org

TAX REFUND REQUEST FOR INDIVIDUALS UNDER AGE 18

TAX YEAR: _____

Please Print

NAME: _____ SOCIAL SECURITY: _____

PRESENT ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE NO. _____

TOTAL MARYSVILLE 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 BIRTH CERTIFICATE OR DRIVER'S LICENSE.

W-2 FORM MUST BE ATTACHED (Showing Marysville Withholding).

SIGNATURE: _____ DATE: _____

NOTICE: PLEASE ALLOW 90 DAYS FOR PROCESSING OF YOUR REFUND REQUEST.