DIVISION OF LONDON INCOME TAX CLAIM FOR REFUND

	OLAIW	I OII IILI OND	111						
			USE	AMT. REFUND					
FORM IT - 6 File original with the Income Tax Dept. P.O. Box 387, London, Ohio 43140 This form must cover one calender year only and Form W-2			TAX OFF.	Warrant No Date Posted Approved By					
					must be attached.			FOR	W-2 Verified
					1.	Name of applicant			
2.	Present Address	City		_ Zip Code					
3.	Social Security Number								
4.	Withholding Account Number			_ (See instruction for Line 4.)					
	THE UNDERSIGNED HEREBY MAKES (CLAIM FOR REFUND	OF LC	ONDON INCOME TAX					
5.	In the amount of \$								
6.	While in the employ of								
7.	For the period (dates)	1,100							
8.	Resident address for this period								
9.									
-	AND FURTHER STATES THAT SAID worn to and subscribed before me this			ECEIVED BY HIM.					
_	, day of,,	Signed							
(Sig	gnature of Officer Administering Oath)								
_	(Title)								
	CERTIFICAT	TION OF EMPLOYER							
I/V	Ve hereby certify that the above employee was employ	yed by the undersigned	during t	he period for which said employee					
	akes claim for refund and that during said period \$			<u> </u>					
du po	at the total amount of \$ was withhring the period claimed above, working inside corporation of said tax withheld has been or will be refunded tremitting taxes withheld to the City of London.	ate limits of the City of I	London	or under 18 years of age; that no					
	Alana (Farahara)	By:	-						
	(Name of Employer)								
Da	nte [.]								

(SEE INSTRUCTIONS ON REVERSE SIDE)

(Title)

GENERAL INSTRUCTIONS

- (A) BY WHOM THIS CLAIM FORM IS TO BE USED.
 - 1. A non-resident who performs no service within the corporate limits of the City of London and whose London income tax has been withheld by his employer.
 - 2. An employer who has remitted to the City of London in error, London income tax withheld from his employees.
- (B) This claim must set forth in detail and under oath each ground upon which it is made, and facts sufficient to apprise the Income Tax Division of the exact basis thereof.
- (C) In the case of an employee, claimant's copy of Form W-2 must be attached. This will be returned with refund check if so indicated.
- (D) A claim for refund due to being under 18 years of age, MUST be accompanied with proof of age, such as a birth certificate, driver's license or notarized statement of parent.
- (E) The working year consists of 260 days (Saturday and Sunday are not considered working days). Sick, vacation and holiday pay should be prorated in same portion as time worked in and time worked out of London.
- (F) Certification of employer must be completed by him or his authorized officer or agent.
- (G) An employer applying for refund of London income tax paid in error in excess of the amount of tax withheld by him, must file an amended Form W-1 showing accurate figures for the quarter so affected.

INSTRUCTIONS FOR COMPLETING CLAIM FORM

- Line 1. Print full name (Do not use initials).
- Line 2. Give present full address including city and zip number.
- Line 3. Clearly show social security number, clock number and department number.
- Line 4. To be used by EMPLOYERS ONLY who are applying for refund of withheld London income tax remitted to the City of London in error.
- Line 5. Amount of refund applied for.
- Line 6. Give full name of employer during period covered by this claim.
- Line 7. State the period by dates that this claim covers within a calendar year.

 A separate claim must be filed for each year involved.
- Line 8. Show resident address for period of time covered by this claim.
- Line 9. Explain fully and concisely why London income tax should be refunded. ATTACH SCHEDULE OF DATES AND LOCATIONS WORKED OUTSIDE THE CITY OF LONDON and any other pertinent information if the space provided is insufficient.

IF ALL INSTRUCTIONS ARE NOT FOLLOWED, CLAIM WILL NOT BE APPROVED AND WILL BE RETURNED.