

VILLAGE OF LORDSTOWN INCOME TAX

Amt. Refund .....
Check No. ....
Voucher No. ....
Approved By .....
Tax Due .....

CLAIM FOR REFUND

Form R-1  
File original with the Income Tax Department  
Village Hall, Lordstown, Ohio

This form must cover one calendar year only.

1. Name of applicant ..... Soc. Sec. No. ....
2. Present Address ..... Zone ..... City .....
3. Withholding Account No. .... (See instruction for Line 3.)

**THE UNDERSIGNED HEREBY MAKES CLAIM FOR REFUND OF LORDSTOWN, OHIO  
INCOME TAX**

4. In the amount of \$.....
5. While in the employ of .....
6. For the period (dates) .....
7. Resident address for this period .....
8. For the reason (explain fully and attach schedule of dates worked out) .....

**AND FURTHER STATES THAT SAID REFUND HAS NOT BEEN RECEIVED BY HIM.**

Sworn to and subscribed before me this

..... day of ....., 20.....

.....  
(Signature of Officer Administering Oath)

SIGNED .....

.....  
(Title)

CERTIFICATION OF EMPLOYER

I/We hereby certify that the above employee was employed by the undersigned during the period for which said employee makes claim for refund and that during said period \$.....was withheld from the earnings paid said employee; that the total amount of \$.....was withheld for the year.....; that said employee was not during the period claimed above, working inside limits of the Village of Lordstown that no portion of said tax withheld has been or will be refunded to said employee; and that no adjustment has been or will be made in remitting taxes to the Village of Lordstown.

.....  
(Name of Employer)

By:.....

Date.....

.....  
(Title)

(See Instructions on Reverse Side)

## GENERAL INSTRUCTIONS

(A) BY WHOM THIS CLAIM FORM IS TO BE USED.

1. A non-resident who performs no service within the limits of the Village of Lordstown and whose Lordstown income tax has been withheld by his employer.
2. An employer who has remitted to the Village of Lordstown in error, Lordstown 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 Department of the exact basis thereof.

(C) Sick pay and vacation pay should be prorated in same portion as time worked in and time worked out of Lordstown

(D) Certification of employer must be completed by him or his authorized officer or agent.

(E) An employer applying for refund of Lordstown income tax paid in error in excess of the amount of tax withheld by him, must file an amended Form E.Q.R. showing accurate figures for the quarter so affected.

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## INSTRUCTIONS FOR COMPLETING CLAIM FORM

Line 1. Print name and social security number plainly.

Line 2. Give present full address including city and zone number.

Line 3. To be used by **EMPLOYERS ONLY** who are applying for refund of withheld Lordstown income tax remitted to the Village of Lordstown in error.

Line 4. Amount of refund applied for.

Line 5. Give full name of employer during period covered by this claim.

Line 6. State the period by dates that this claim covers within a calendar year. A separate claim must be filed for each year involved.

Line 7. Show resident address for period of time covered by this claim.

Line 8. Explain fully and concisely why Lordstown income tax should be refunded. **ATTACH SCHEDULE OF DATES WORKED OUTSIDE THE VILLAGE OF LORDSTOWN** 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**