



**CITY OF LAKEWOOD - Division of Municipal Income Tax**  
 12805 Detroit Ave. Lakewood, Oh 44107  
 Phone: 216.529.6620 Fax: 216.529.6099  
 Website: www.ci.lakewood.oh.us

**FORM L-R**

Tax Year \_\_\_\_\_

**APPLICATION FOR REFUND**

Check Status:  Individual  Joint

Your Social Security Number _____	Spouse's Social Security Number _____	<b>IF MOVED DURING YEAR-</b> Enter date moved: ____/____/____ Enter former address: Address _____ Apt. No. _____ City, State and Zip Code _____
Your first name and initial _____	Last Name _____	
If a joint return, spouse's first name and initial _____	Last Name _____	
Address _____	Apt. No. _____	
City, State and Zip Code _____		

**PLEASE CHECK BLOCK BELOW THE TYPE OF CLAIM FILED (SEE INSTRUCTIONS)**

- A. Refund of municipal income tax withheld for all or part of the year that applicant was under 18 years of age. See instructions for exceptions. (attach W-2, and a copy of your birth certificate or a copy of your driver's license and have employer complete verification below if under 18 part of year.)
- B. Refund of Lakewood employment tax withheld on wages earned outside of Lakewood. (Attach a travel log listing dates and places traveled for business, indicating the number of business days out \_\_\_\_/260 days) See instructions.
- C. Unreimbursed Employee Expenses. (See instructions)
- D. Other (explain) \_\_\_\_\_

**Computation of Overpayment (see instructions)**

1.	Wages as reported on W-2 Form (Attach W-2's).....	1.	\$ _____
2.	Less Wages Not Subject to Tax.....	2.	\$ _____
3.	Net Taxable Wages.....	3.	\$ _____
4.	Corrected Tax (1.5%) .....	4.	\$ _____
5.	Lakewood Tax Withheld.....	5.	\$ _____
6.	Amount of overpayment.....	6.	\$ _____
7.	Minus the amount you would like credited to your account.....	7.	\$ _____
8.	Net amount to be refunded.....	8.	\$ _____

**I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM (INCLUDING ANY ACCOMPANYING STATEMENTS), HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE AND CORRECT. I AUTHORIZE THE DISCLOSURE OF THE INFORMATION HEREIN TO ANY LAWFUL TAXING AUTHORITY AFFECTED BY THE REFUND.**

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

**EMPLOYER'S CERTIFICATION (To be completed by employer)**

I/We have reviewed the above calculations and attachments and believe them to be true and correct. I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the City of Lakewood have been or will be made for said tax.

Please complete the above Computation of overpayment (lines 1-8)

Employer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Federal ID # \_\_\_\_\_ Telephone ( ) \_\_\_\_\_