



CITY OF LAKEWOOD - Division of Municipal Income Tax
 12805 Detroit Ave., Suite 1 Lakewood, Oh 44107
 Phone: (216) 529-6620 Fax: (216) 529-6099
 Website: www.onelakewood.com
 Email: taxdept@lakewoodoh.net

FORM L-REV

Tax Year _____

APPLICATION FOR REFUND

Check Status: Individual Joint

Your Social Security Number _____	Spouse's Social Security Number _____	IF MOVED DURING YEAR- 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 because the employer continued to withhold Lakewood residence income tax after the taxpayer moved out of Lakewood
- B. Refund because the employer withheld more than 1% for Lakewood residence income tax
- C. Refund of Lakewood employment tax withheld on wages earned outside of Lakewood (business days out ____/260 days).
- D. Refund because the taxpayer was under 18 years of age for all or part of the tax year (disregard Employer Certification)

Computation of Overpayment (see instructions)

- 1. Wages as reported on W-2 Form (Attach W-2)..... 1. \$ _____
- 2. Lakewood Tax Withheld as reported on W2..... 2. \$ _____
- 3. Lakewood Income Tax due..... 3. \$ _____
- 4. Amount of overpayment..... 4. \$ _____
- 5. Minus the amount you would like credited to your account..... 5. \$ _____
- 6. Net amount to be refunded (no refund if \$10.00 or less)..... 6. \$ _____

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 declare under the penalties of perjury that 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.

Employer's Signature _____ Title _____ Date _____
 Company _____ Federal ID # _____ Telephone () _____