CITY OF HEATH INCOME TAX BUREAU 1287 HEBRON RD HEATH OH 43056 (740) 522-3427

In order to process your refund request, the following information must be submitted to this office:

Perso	on receiving refund:	NAME:					
SSN:		_ ADDRESS:					
			(street)				
		PHONE:	(city)	· ·	tate)	(zip)	
	you live in the City of He s, please indicate the date	ath at any time d	uring the year that this in Heath:	refund request is for?	YES	NO t of City)	
EMP	PLOYER'S NAM	IE:					
	ADDRESS:	(street)					
		(city)		(state)		(zip)	
ACC	OUNT #:		TAX YEAR:				
	. The contributions to th ral tax.	ese plans are sub	pject to Heath City inco	me tax, even though t	hey may r	not be subject to State or	
1.	Total gross wage amou	nt on W-2 from a	above named employer	: \$			
2.	Actual income amount (a) Actual amount of	Heath tax was w	shheld on: \$ eld: \$				
3.	. Amount of income claimed to be subject to Heath tax: (Note: This figure must include a portion of any bonuses or awards received and a portion of any contributions to 401-k plan, deferred plan, etc.)						
Please explain how you derived at the figure on line 4 above. If necessary, use the back of this						is form.	
4.	Tax amount due to Hea	th at 2%, based o	on income from line 3 a	above: \$_			
5.	AMOUNT OF REFU	ND: \$		(Subtract line 4 fro	om line 2a	above)	
	SIGNATURE:			DATE:			